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ABSTRACT

This annual report for the United Nations Children's Fund (UNICEF) details the programs and services provided by this organization in 1994. Following an overview of the year and a remembrance of former UNICEF Executive Director James P. Grant, the report describes developments in seven world regions and in specific emergency countries. The report next describes the current status of efforts to improve children's rights. It then describes specific projects in the areas of: (1) child health; (2) nutrition; (3) water and environmental sanitation; (4) sustainable human development; (5) basic education; and (6) women and girls. Communication projects and publications intended for advocacy are also described. Additional sections list national committees, non-governmental and intergovernmental organizations working with UNICEF; resources; and maps, tables, and charts of UNICEF staff and finances. Throughout the report are individual profiles of various aspects of UNICEF work, such as modest progress for girls, communities mobilizing against AIDS, and funding for Rwanda emergency. (HTH)

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1995 UNICEF Annual Report

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Foreword

UNICEF's mission for children is dedicated to making life better for the young, to ensuring that they grow up healthy and to providing them with the education and encouragement to become productive members of society. It is nothing less than a mission to make the world a more just and prosperous place for everyone, big and small.

The 1995 UNICEF Annual Report reviews the diverse activities of this lead United Nations agency for children in the past year. The report reveals impressive progress that, though seldom making headlines, is changing the lives of millions of families in some of the world's poorest communities.

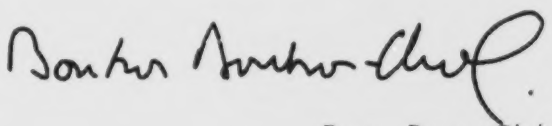
Measles deaths are down by 80 per cent compared to pre-immunization levels. Large areas of the developing world, including all of the western hemisphere, have been rid of polio. Malnutrition has been reduced. Massive steps are being taken to prevent mental retardation and blindness caused by micronutrient deficiency. Inexpensive and effective oral rehydration therapy is increasingly being used, saving more than a million children a year from diarrhoeal dehydration and death. Guinea worm disease has been reduced by some 90 per cent and eradication is now in sight. Thousands of hospitals in developing as well as industrialized countries are now promoting and facilitating breastfeeding. Progress in primary education is being resumed. And the Convention on the Rights of the Child has become the most widely and rapidly ratified human rights convention in history, changing the concept of caring for children from child needs to child rights.

This progress means that 2.5 million fewer children will die in 1996 than in 1990. Tens of millions will be spared the sabotage of malnutrition. At least three quarters of a million fewer will be blinded, crippled or mentally retarded each year. In addition, more attention now can be given to those who survive to enable them to live productive and socially enriching lives.

These achievements are a tribute to the thousands of people and organizations working in nearly every country of the world. They are a tribute to local communities, non-governmental organizations and to UNICEF, its staff and National Committees. And they are a tribute to the late James P. Grant, UNICEF Executive Director for 15 years, whose death in 1995 deprived the world's children of a great advocate and friend.

This UNICEF report shows that social goals set by the international community can be met, that the developing world has a positive story to tell, and that the United Nations family of organizations, working under often adverse conditions, is none the less making the world a better place.

The cause of children — who are our future — is a noble cause. It is a way of saying no to poverty, no to misery, no to all that undermines the dignity and integrity of the human person. Working together for that cause is a way of saying yes to a brighter future for all.



Boutros Boutros-Ghali
United Nations Secretary-General

OVERVIEW

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WE are living in a world of cruel contradictions. A world that revels in its technological capacity to communicate, to heal and to prolong life, but one that also leaves millions of children unprotected against deadly childhood diseases. A world in which nations find resources to support armies, but not to educate the young. A world of conspicuous wealth in which one in five persons nevertheless struggles to survive on less than a dollar a day.

As this Jekyll-and-Hyde world of ours lurched from one serious emergency to another in 1994, UNICEF's capacity — like that of many other international organizations — was stretched to the limit.

In April, when several hundred thousand Rwandese were murdered in a brutal ethnic uprising, about 5 million people fled to safe havens within or beyond their country. UNICEF raised US$58.7 million for the children of Rwanda, but this was just the tip of a humanitarian iceberg.

In the course of the year, UNICEF disbursed some US$183 million in efforts to protect children in 13 major emergency countries and to bring a semblance of normalcy to the victims' lives.

Disastrous as these situations were for many children, emergency assistance was just one especially visible part of what UNICEF tackled and accomplished for children in 1994. The bigger picture, framed by poverty, included ongoing efforts to guarantee children everywhere the right to survival, protection and development, and a voice under the Convention on the Rights of the Child. It also reflected remarkable progress towards the year 2000 goals endorsed by leaders at the 1990 World Summit for Children.

The Summit goals, backed by knowledge and technologies that have been considered a birthright in the world's richer countries for decades, have dramatically improved the health prospects of children born into the world's poorest communities.

Since the Summit, more than 100 developing nations, with over 90 per cent of the developing world's children, have managed to reduce the crippling effects of malnutrition and to peg back child death rates.

These initiatives have meant that some 2.5 million fewer children will die in 1996 than in 1990 and that about 750,000 children will be spared mental retardation, blindness and other crippling consequences of malnutrition. Still, some 13 million children died in 1994 for lack of immunization, oral rehydration and other eminently affordable interventions, their fate often sealed by the budgetary priorities of governments, not by a lack of knowledge or capacity to change the course of their short lives.

On average, developing countries allocated just 13 per cent of budget spending and donors allocated 10 per cent of aid money to basic social services such as health care and education. However, if each were to allocate 20 per cent of national budgets and 20 per cent of aid to social services, an additional US$30 billion to US$40 billion a year would be freed for human needs.

This '20/20' proposal developed by UNICEF and other United Nations partners to finance universal access to basic services makes both fiscal and moral sense, since investment in basics has been found to pay great social dividends.

There is no greater investment that a nation can make than in its children, nor one less easily deferred. Children have only one chance to develop and should have the best that a country has to give, in their vul-

UNICEF/93-1291/Frogier

A child's laughter rewards investment by communities and governments in the health and education of the young.

nerable formative years and in bad times as well as good. Without adequate nutrition, immunization and other basic services, a child soon falters, and may be stunted forever. To deny them their needs while weapons are bought or economies are restructured is to deny the child's most basic human rights and to jeopardize the nation's most precious stake in the future.

For this reason, most UNICEF resources in 1994, including much of its emergency assistance, were focused on children's long-term needs and on the silent global emergency of diseases and malnutrition that continue to claim some 35,000 young lives every day.

» As fighting intensified in Angola, 400,000 children under five and 490,000 women of child-bearing age were vaccinated against measles and tetanus, respectively.

» Teaching supplies were delivered to some 8,000 classrooms in former Yugoslavia where psychologists and schoolteachers were trained to help children traumatized by wartime experiences.

» In Liberia, UNICEF-assisted programmes supported orphanages, children with disabilities, and women and girl victims of abuse, and provided counselling for former child soldiers.

» While supplying education materials for about 82,000 Croatian children during the year, UNICEF also distributed flyers and videos to schools, warning of the dangers posed by land-mines that had been planted in their communities by rival forces.

During the Rwanda crisis, UNICEF was designated as the lead United Nations agency to protect some 114,000 unaccompanied children who had become separated from family members during their chaotic flight to safety. One innovative aspect of UNICEF's family reunification effort was the distribution of thousands of photographs of these 'lost' children at camps and community centres in Rwanda and neighbouring countries.

UNICEF also helped maintain schooling in refugee camps and settlements for displaced persons by paying teachers' salaries and distributing education kits containing teaching guides, books, pencils, slates and chalk. In those areas where school buildings and health centres remained intact, students and staff were kept away from the facilities until UNICEF sent a team to sweep the premises and surrounding areas for anti-personnel land-mines and declare them safe.

Anti-personnel mines are one of the most insidious aspects of military conflicts in all regions today. Supplied mainly by industrialized countries and designed to indiscriminately maim and terrorize civilians as much as soldiers, mines continue to inflict horrendous injuries on children in war zones long after peace treaties have been signed.

An estimated 100 million of these deadly devices, with lethal life spans as long as 50 years, have been sown in about 60 countries where they can be expected to kill and mutilate children far into the next century. Another 100 million mines are believed to be in stockpiles ready for use.

Last year, UNICEF supported programmes to teach land-mine awareness in schools and through the media both on new battlefronts and in former war zones throughout the developing world and Central and Eastern Europe. But posters and video programmes alone will not put a stop to this very adult atrocity against children.

In March, UNICEF joined others in calling for a total ban on the production, use, stockpiling, sale and export of anti-personnel land-mines in the hope that the international community will outlaw them, as it has with biological and chemical weapons.

As UNICEF approaches its 50th anniversary (1996), it can look back on the progress made for children over half a century. By the end of 1994, more than 120 developing countries had drafted national programmes of action to achieve their World Summit goals for children, and more than 160 Heads of State or Government had signed the Summit Declaration, pledging to support the right of every child to UNICEF's priority list of low-cost technologies and practices.

By the end of the year, the Convention on the Rights of the Child had been ratified by 168 countries, confirming it as the most widely ratified human rights treaty in history. The Convention recognizes every child's right to develop physically, mentally and socially to his or her fullest potential, to express opinions freely and to participate in decisions affecting his or her future. It has become the principal point of reference for all UNICEF-assisted programmes and a powerful rallying cry for National Committees and non-governmental organizations. It is likely to become the first truly universal law of humankind.

The emergence of the Convention as the basis for child-protection laws in so many countries is the single most promising indication that our world is moving, however tentatively, towards a new ethic

that places the rights and needs of children at the centre of social concern and responsibility. As a score of nations took their first faltering steps towards democracy and free market economies in 1994, the Convention reminded us all that the state exists to serve the individual, not the other way round.

UNICEF is working closely with the Committee on the Rights of the Child and a vast web of non-governmental and other civic organizations that have become the eyes, ears and teeth of the Convention through their determination to promote and monitor its implementation.

Goals for children also gained support from a growing list of global conferences devoted to human development issues. There was a time when Heads of State called world summits only to discuss matters of war and military security, but UNICEF challenged tradition with the World Summit for Children in 1990 and has fought for the integration of issues affecting children and women in a succession of global conferences since then.

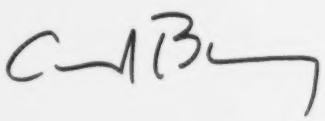
The interests of children had special prominence at the United Nations Conference on Environment and Development (Rio de Janeiro, 1992), the World Conference on Human Rights (Vienna, 1993), the International Conference on Population and Development (Cairo, 1994), and at the World Summit for Social Development (Copenhagen, 1995). The Social Summit was of major significance for children, recognizing that their basic needs are, in fact, human rights that governments are obligated to honour.

Global support for these conferences reflects a post-cold war realization that the cost of poverty has become unbearably high in rich countries as well as in poor. In the industrialized world, poverty is recognized as a hair-trigger for crime, the proliferation of weapons and drugs in school playgrounds, and the prevalence of domestic violence directed mostly against women and children. In developing countries, extreme poverty is reflected in malnutrition, high rates of infant and child mortality, disease, disability and illiteracy, as well as child labour and the most bestial forms of adult abuse — child trafficking, bondage and sexual exploitation.

Poverty can also surface violently as social and political instability bred from desperation in communities that are disconnected from the mainstream by unequal opportunity. As the late UNICEF Executive Director, James P. Grant, expressed it: "Poverty, want and disaffection too often find expression at the point of a gun."

Children are a sensitive barometer of change and perhaps the truest measure of a nation's success, but they have little control over their surroundings and the conditions that shape their future. Their horizons are coloured by adult society and by leaders whose priorities can tip the balance between peace and war, life and death, knowledge and ignorance, progress and poverty. Unless there is a sustained commitment to invest in children's basic needs, there is little hope.

Nations with the vision to give children first call on their resources, however, can seize the high ground for future generations by bringing UNICEF's priority list of technologies and resources within reach at last of the world's least advantaged children.



Carol Bellamy
Executive Director

JAMES P. GRANT: A REMEMBRANCE

The man who said, "Why not?"

GEORGE BERNARD SHAW once wrote: "You see things; and you say 'Why?' But I dream things that never were; and I say 'Why not?'"

James P. Grant was a man of the rare 'Why not?' variety. He saw death, disease and deprivation among children around the world — considered inevitable from time immemorial — but instead of simply asking "Why?" he asked: "Why not a world that truly cares for all its children and meets the basic needs of all people?" He saw the widespread abuse and neglect of children and youth — accepted, still, as normal in much of the world — but instead of simply asking "Why?" he asked: "Why not a world that nurtures the young and respects their human rights?" And with the single-mindedness of a true believer and the practicality of a master strategist, he went about making his dream of a better world for children a reality.

Mr. Grant, UNICEF Executive Director for three terms of office totalling 15 years, died on 28 January 1995. He had resigned as Executive Director five days earlier, when it became clear to him that he was losing his battle with cancer.

It would take a thick volume to do justice to Mr. Grant's accomplishments, but some of the most important 'miracles' can be summarized as follows:

» *Leadership in promoting the child survival and development revolution.* He inspired and worked with governments, other United Nations agencies and NGOs to save and improve the lives of hundreds of millions of children. During his tenure, an estimated 25 million children were saved who otherwise would have died due to some of poverty's worst symptoms and causes: malnutrition, disease, ignorance, gender bias and environmental degradation. He pushed for achievement of the WHO/UNICEF goal of immunizing 80 per cent of the world's children against six preventable diseases by the end of 1990, thus saving more than 3 million lives a year. He promoted massive social mobilization as the key to success: the whole fabric of society — government and religious leaders, the media, the military and millions of citizens — became involved.

» *Growth and diversification of UNICEF.* Mr. Grant presided over the growth of UNICEF, the expansion of its mandate and the steady increase in its capacity to obtain results. From a supply-oriented organization with some 2,000 staff members and an annual budget of US$300 million, UNICEF grew into a multifaceted development and humanitarian agency, with 7,000 staff in over 130 countries and a yearly budget just under US$1 billion.

» *Promotion of a new development paradigm.* At the same time as he focused high-level political and widespread public attention on the plight of children, Mr. Grant gave impetus to consensus around a new model of development, one that places children — and all human beings — at the heart of the development process.

» *Adjustment (and development) with a human face.* His was among the first voices raised against the harsh negative effects of structural adjustment programmes on the poor, particularly children and women. Mr. Grant played a critical role in convincing the international financial institutions — adjustment's principal advocates — of the need to build into these programmes measures to safeguard the poor, especially in regard to health and education.

» *Children as a zone of peace.* From El Salvador to the Sudan, Cambodia to Rwanda, Mr. Grant pioneered the establishment of 'days of tranquillity' and the opening of 'corridors of peace' to provide vaccines and other assistance desperately needed by children caught in armed conflict. He personally led Operation Lifeline Sudan and often donned helmet and flak-jacket on visits to countries enmeshed in armed conflict.

» *Convention on the Rights of the Child.* Mr. Grant was a passionate and effective advocate of the Convention on the Rights of the Child, adopted by the United Nations General Assembly in November 1989, which entered into force as international law in 1990. Pushing for universal ratification, Mr. Grant said in his last public speech, "The quality of life in the 21st century, and our self-respect as a species today, depend on it."

» *World Summit for Children.* The crowning achievement of Mr. Grant's career was the convening of the first truly global summit gathering ever. The 1990 World Summit for Children committed more than 150 leaders and governments to reaching over 20 specific, measurable goals to radically

improve children's lives by the year 2000. By the end of 1994, over 100 countries had formulated national programmes of action (NPAs) to implement the strategies and goals for children. He promoted mid-decade targets for children, most of which are expected to be reached by a majority of developing countries by the end of 1995.

» *World Conference on Education for All.* As head of one of the agencies that co-sponsored the World Conference on Education for All in Jomtien (Thailand) in March 1990, Mr. Grant played a major role in the revitalization of global and national efforts to promote universal primary education, and especially to widen such access for girls and women.

Mr. Grant's death provoked an outpouring of grief and tributes from world leaders to ordinary citizens whose lives he had touched — and improved — in diverse ways. Here are some excerpts:

"Jim Grant's legacy will be felt in different ways in different places. In many parts of the world, children survive because of his work. Others thank Jim Grant for pointing to child poverty and suffering, for reminding them that small commitments, small contributions, can make a difference."

— United Nations Secretary-General Boutros Boutros-Ghali

"Certainly one of his greatest hopes was that the Convention on the Rights of the Child would serve as a statement of principle that would guide us into the next century. Therefore, I am pleased to announce that the United States will sign the Convention on the Rights of the Child."

— United States First Lady Hillary Rodham Clinton

"We deeply regret the loss of a great man who was an inspiration to the world children's cause and an old friend of the Chinese people... His death is an irretrievable loss for the development of children around the world."

— Li Peng, Premier of China

"I am one of those many extremely fortunate persons whose life was touched by the friendship of this extraordinary human being."

— Martti Ahtisaari, President of Finland

"Mr. Grant always carried in his pocket a small sachet of oral rehydration salts. It reflected his conviction of how great deeds could be accomplished through relatively simple means... The power and the fruits of his convictions will continue to save and to improve the lives of women and children around the world, even after his death. In their lives and hearts, consciously or not, they now carry a picture and a memory of James Grant."

— Her Majesty Queen Noor of Jordan

"The welfare of the children of this country was close to his heart... His devotion and sense of commitment had touched me deeply. With his passing, we have lost a true friend and a sincere supporter."

— Benazir Bhutto, Prime Minister of Pakistan

"Mr. Grant was a remarkable man who dedicated his life to improve the lives of children throughout the world. His death is a loss to every needy child in the world."

— Nelson R. Mandela, President of South Africa

"Mr. Grant was especially successful in convincing warring factions to open corridors of peace to insure the safe passage of women and children caught in crossfire. He did not hesitate to make known the highly negative impact of sanctions when applied without consideration for children..."

— His Eminence Cardinal Angelo Sardanno, on behalf of His Holiness, Pope John Paul II

"Jim Grant was never content with words. He wanted action and always made sure that there was follow-up in the field. He made UNICEF universally known, to powerful people and powerless alike, in the megacities and in the remotest villages of the world."

— WHO Director-General Dr. Hiroshi Nakajima

"Mr. Grant was truly a pioneer in the development of our thinking about and our feelings for children. When I think of the great loss to the world's children, I cry silently — for them."

— UNICEF Goodwill Ambassador Tetsuko Kuroyanagi

"I have the feeling that right now you are sitting with God holding up your package of oral rehydration salts — like you have done so many times before — and now you are making God very, very busy! So I want to tell you from all of us down here, we'll continue your work."

— UNICEF Goodwill Ambassador Liv Ullmann

REGIONAL DEVELOPMENTS

UNICEF/94-0278/Press

EASTERN AND SOUTHERN AFRICA

THE social and political fortunes of the 23 countries of the Eastern and Southern Africa Regional Office (ESARO) in 1994 ranged from the euphoria of South Africa's first democratic elections to despair at the massacres in Rwanda (*see also 'Emergency countries'*). There were multiparty elections in Botswana, Malawi, Mozambique, Namibia and Sao Tome and Principe, but civil conflict continued in Burundi and Somalia. The turmoil in Angola caused further suffering and death, although the situation looked more hopeful at the end of the year.

UNICEF collaboration with intergovernmental organizations intensified during the year, particularly in the areas of child rights, advocacy, and monitoring of the situation of children and women. Many of these organizations, among them the OAU, the Inter-Governmental Authority on Drought and Development and the Southern African Development Community, became increasingly involved in conflict resolution. Southern African leaders successfully negotiated the restoration of democratic government in Lesotho and supported the electoral process in Mozambique, although they gained little ground in Somalia and southern Sudan.

During the year, UNICEF responded to emerging opportunities in a number of countries. In Malawi, the new Government announced a campaign for free primary education. With assistance from UNICEF and private-sector donors, an additional 1.2 million children were enrolled in school, 4,000 retired teachers were called back into service and 15,000 civilians were recruited for training as paraprofessional teachers. Similar progress, using community-based approaches, was seen in Eritrea.

The precarious situation of children in many countries currently or recently afflicted by civil conflict — including Angola, Burundi, Eritrea, Mozambique, Rwanda and Somalia — led ESARO to develop some new programme interventions in 1994. They included family reunification and support for the psychosocial rehabilitation of children; stress management and counselling; the restoration of schooling in emergency situations; and the promotion of humanitarian diplomacy, reconciliation and child protection in conflict situations.

In Mozambique, UNICEF supported a programme for visiting former child soldiers who had been reunited with their families. The programme aimed at helping these children deal with the trauma resulting from their wartime experiences. There was also support for the rehabilitation of schools in Angola, for teaching materials in Rwanda, for training teachers in psychosocial care in Somalia and for family tracing in Burundi, Eritrea and Rwanda. ESARO and UNIFEM produced a study on the impact of conflict on women and advocated for greater attention to the needs of women in crisis situations.

Only five ESARO countries — Botswana, Mauritius, Seychelles, South Africa and Swaziland — are classed in the 'medium human development' category as defined by UNDP, but there is a good deal to be hopeful about in the region. All but four countries — Botswana, Somalia, South Africa and Swaziland — had ratified the Convention on the Rights of the Child by the end of the year; however, Botswana did so in March 1995. Almost all ratifiers are implementing or finalizing national programmes of

With no available water supply, these children have to walk long distances to a lake to fill their containers with water.

UNICEF-ASSISTED PROGRAMMES IN:

Angola
Botswana
Burundi
Comoros
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome and Principe
Seychelles
Somalia
South Africa
Swaziland
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

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action. Several, including Namibia and Uganda, are developing plans for children below the national level.

Many countries are allocating funds to NPA priorities, and in Ethiopia and Uganda the shift is associated with demilitarization. With the demise of apartheid, a similar trend is considered possible for southern Africa. UNICEF is supporting aspects of South Africa's Reconstruction and Development Programme that deal with the needs of children and women.

About half the ESARO countries have good prospects for achieving the mid-decade goals, particularly in basic education and nutrition. They include Eritrea, Ethiopia, Kenya and Mozambique. The goals for immunization and salt iodization are achievable in most of the region, but those for water and sanitation seem less feasible.

UNICEF was part of a donor coalition, with WHO and the World Bank, that assisted Zambia during the year to decentralize its health care management and mobilize local resources. Similar efforts were under way in Ethiopia, Madagascar and Uganda.

A number of countries took steps to decentralize governmental systems and service provision; Ethiopia, South Africa and Uganda were turning over revenue raising and investment planning authority to regional administrations. Although this strategy also gives the regions responsibility for providing basic services, central government policies and support functions have been maintained in all three countries.

UNICEF/91-1809/Andrew

In many African countries, women shoulder a double burden, engaged in both child care and farm work.

With the assistance of five UNICEF National Committees — Germany, the Netherlands, Switzerland, the United Kingdom and the United States — Zambia undertook a US$10.8 million debt-for-child development conversion *(see also 'National Committees')* in 1994 that will help finance UNICEF-supported programmes in basic health, education, and water and sanitation over the next three years. A similar programme was in place in Madagascar, and conversions were in the planning stages for other ESARO countries.

However, social progress in the region as a whole was constrained by the economy and the darkening shadow of AIDS *(see also 'AIDS and children')*. HIV infection rates continued to rise during the year. In addition, the illness and death of parents were leading to increasing child malnutrition, school drop-out rates, begging and child prostitution.

In cooperation with other agencies, the UNICEF strategy for fighting AIDS is focusing on youth education and women's empowerment, using communication and social mobilization techniques.

UNICEF/91-2864/Ayni

In Mavalane (Mozambique), neighbourhood mothers teach skills and provide meals to street children in a UNICEF-assisted programme.

WEST AND CENTRAL AFRICA

THE first devaluation of the CFA franc in 46 years doubled the cost of medication and schooling in many countries throughout the region in 1994. Population growth exceeded economic growth in all countries except Ghana and Nigeria. Although there were wide variations in social conditions throughout the region, most national indicators reflected high rates of poverty, infant and maternal mortality, low school attendance and widespread illiteracy. According to UNDP, 13 of the countries covered by the UNICEF West and Central Africa Regional Office (WCARO) are among the 20 nations of the world with the lowest levels of human development.

Emergencies in a number of countries in the region continued to complicate the already precarious existence of a great many children. In Liberia, efforts that had led to UNICEF's early success in rescuing children caught between warring factions ground to a halt as security deteriorated. It was December before the situation improved with the signing of a peace agreement by all parties to the conflict.

During the year, UNICEF assisted refugee and displaced children and women in Benin, Cameroon, Côte d'Ivoire, Sierra Leone and Zaire; responded to a flood emergency in Niger; and worked with other partners to control cholera outbreaks in Chad, Guinea, Guinea-Bissau, Liberia, Mauritania and Sierra Leone.

However, there were a number of significant gains during the year. Universal regional ratification of the Convention on the Rights of the Child was accomplished when Gabon ratified the Convention in February. The Central African Customs Union adopted standards for the iodization of table salt. With Senegal's adoption of a decree limiting the free distribution of breastmilk substitutes, all countries in the region now have the necessary legislation to accelerate the baby-friendly hospital initiative.

The Bamako Initiative has also been adopted universally in the region. More than 2,000 health centres have been revitalized, and experiences in Benin and Guinea in 1994 showed that when people are empowered to manage their own health care, immunization rates increase and the situation of children improves *(see also 'The Bamako Initiative')*.

Almost all countries in the region now have national programmes of action (NPAs) for children, and in Benin, Chad, the Gambia, Mali and Nigeria, mechanisms have been established at presidential request to monitor performance.

Cameroon and Guinea have achieved the mid-decade goal of 80 per cent usage of ORT to control diarrhoeal diseases, but most other countries still fall well short of that mark. Cape Verde, the Congo, Mauritania and Sierra Leone are doing relatively well with use rates of about 50 per cent.

Guinea worm disease is beginning to yield to technical assistance and community organization. The Gambia and Guinea had no new cases in 1994, and the number of cases fell dramatically in the other affected countries. Cameroon went from 72 reported new cases in 1993 to 29 in 1994, Chad from 1,231 to 529, Mauritania from 4,259 to 243 and Senegal from 815 to 173.

UNICEF maintained its assistance in water supply and sanitation programmes, giving countries such as Benin, Cape Verde and Guinea a reasonable chance of meeting their mid-decade goals for safe drinking water. Progress with sanitation services is less evident in the region, with the exception of Nigeria, where substantial savings have been achieved through introduction of low-cost technology.

Basic education remains beyond the reach of many children in the region, and of girls in particular. In only six countries (Cameroon, Congo, Ghana, Mauritania, Nigeria, Togo) do more than 50 per cent of girls reach grade 5 in primary school. In another five countries (Burkina Faso,

UNICEF-ASSISTED PROGRAMMES IN:

Benin
Burkina Faso
Cameroon
Cape Verde
Central African Republic
Chad
Congo
Côte d'Ivoire
Equatorial Guinea
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo
Zaire

UNICEF/4055/Warson

A healthy Malian baby weighs in. But in Mali, and in many countries of West and Central Africa, malnutrition is widespread and contributes to high infant mortality rates.

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UNICEF/93-BOU0646/Press

A woman relief worker prepares a meal at a feeding centre run by the NGO World Vision, in a village near the town of Baidoa (Somalia).

Guinea, Guinea-Bissau, Mali, Niger), the share of girls is less than 20 per cent.

UNICEF education-related activities are being expanded to meet this challenge, and several countries (Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal) have reviewed their basic education policies. During 1994, Togo eliminated primary school fees, and Benin made education free for girls in rural schools.

Women's concerns have been integrated into several country programmes. For example, women participate on health management committees in Benin, and a primary environmental care project incorporates training for women in Burkina Faso, Cape Verde, Chad, Guinea, Guinea-Bissau and Senegal. UNICEF supported preparations by many countries in the region for the 1995 Fourth World Conference on Women in Beijing. About one third of UNICEF Representatives and Assistant Representatives in the region are women.

UNICEF-ASSISTED PROGRAMMES IN:

Algeria
Bahrain
Djibouti
Egypt
Iran, Islamic Rep. of
Iraq
Jordan
Kuwait
Lebanon
Morocco
Oman
Qatar
Saudi Arabia
Sudan
Syria
Tunisia
United Arab Emirates
West Bank and Gaza
Yemen

MIDDLE EAST AND NORTH AFRICA

THE acceleration of Middle East peace efforts in 1994 signalled hope for many in the region, and UNICEF moved quickly to ensure that children and women could reap their share of the benefits.

Debts were to be forgiven as part of the peace process in a number of countries. UNICEF advocated that funds thus made available be allocated to programmes for children and women. One challenge was to sustain achievements such as high immunization coverage during a period of rapid change and, as yet, inadequate funding. Plans were made for a meeting to be held in April 1995 to discuss a plan of action for Palestinian children.

Following the accord between Israel and the Palestine Liberation Organization (PLO) in September 1993, Israel and Jordan signed a peace treaty in 1994. While negotiations continued bilaterally between Israel on the one hand and Lebanon and Syria on the other, Palestinians in the self-rule areas of Gaza and Jericho took over responsibility for their own governance, including education and health services in eight districts in the Israeli-occupied West Bank.

Promising as these developments were, almost all countries in the Middle East and North Africa region (MENA) remained vulnerable in some ways. To revitalize their economies, several countries, including Algeria, Egypt, Jordan, Morocco and Tunisia, have adopted structural adjustment policies, and in some cases these reforms have brought severe economic hardship to the poorest among their populations.

The poorest countries continued to suffer the aftershocks of the 1990 Persian Gulf crisis and other conflicts. An estimated 25-30 per cent of children and women in the region were adversely affected by armed conflicts in Algeria, Iraq, the Sudan and Yemen. On the economic front, the tourist industry, which had been a major source of foreign currency for Egypt, Jordan, Morocco and Tunisia, had not recovered. Also, jobs that supported the families of thousands of expatriate Egyptian, Palestinian, Sudanese and Yemeni workers in the oil-rich Gulf States had not reappeared.

Most MENA countries, however, managed to accelerate programmes to achieve their mid-decade goals for children, while also building their capacity to meet the end-of-decade goals.

By the end of the year, 15 MENA countries had ratified the Convention on the Rights of the Child, and Qatar did so in April 1995. The remaining three — Oman, Saudi Arabia and the United Arab Emirates — hope to do so during 1995.

A number of countries have been using the Convention as a framework for NPAs, and Egypt, Iran, Libya, Morocco, the Sudan and Tunisia have

formed national commissions or other mechanisms to monitor conditions affecting children.

Convention-related activities in the region include development of materials for formal and non-formal education; child rights messages in the mass media; and the inclusion of the Convention in school curricula, teacher training, and training for religious leaders, soldiers and police. NGOs have been addressing issues related to the Convention, and a study by the law faculty in Alexandria University (Egypt) concluded that the Convention and the Islamic shariah code were compatible.

The Organization of the Islamic Conference and the OAU held seminars during the year to encourage all Islamic and African States to ratify and implement the Convention. However, of the nine MENA countries from which reports to the Committee on the Rights of the Child were due in 1994, only four had completed their reports and four were in the process of preparing them.

By the end of 1994, 16 countries had achieved 80 per cent coverage for expanded programmes on immunization. Iran, Kuwait and Oman recorded more than 95 per cent coverage and only four countries — Algeria, Djibouti, the Sudan and Yemen — remained short of the 80 per cent target for 1995. With the exception of the same four countries, all countries in the region had met the mid-decade goals for vaccination against polio. In addition, all except Algeria, Djibouti, Lebanon, the Sudan and Yemen had met their coverage targets for immunization against measles.

A regional protocol to eliminate neonatal tetanus was implemented in Djibouti, Egypt, Iraq, the Sudan and Yemen. Bahrain, Oman and Tunisia made substantial progress on breastfeeding using the baby-friendly hospital initiative. The Sudan, with a major guinea worm problem, was mapping high-risk areas, but civil war hindered eradication efforts.

The region made rapid progress during the year in reducing micronutrient deficiencies. Jordan, the Sudan and Syria were on track to iodize all salt by the end of 1995, and Egypt was expected to achieve that goal in 1996. Iraq and Lebanon were also making efforts to increase iodized salt production.

Achievement of the mid-decade goal for education was proving difficult for many countries, especially those with a net enrolment rate significantly below the 80 per cent benchmark. These countries include Djibouti (37 per cent), Morocco (57 per cent), Saudi Arabia (62 per cent) and the Sudan (44 per cent).

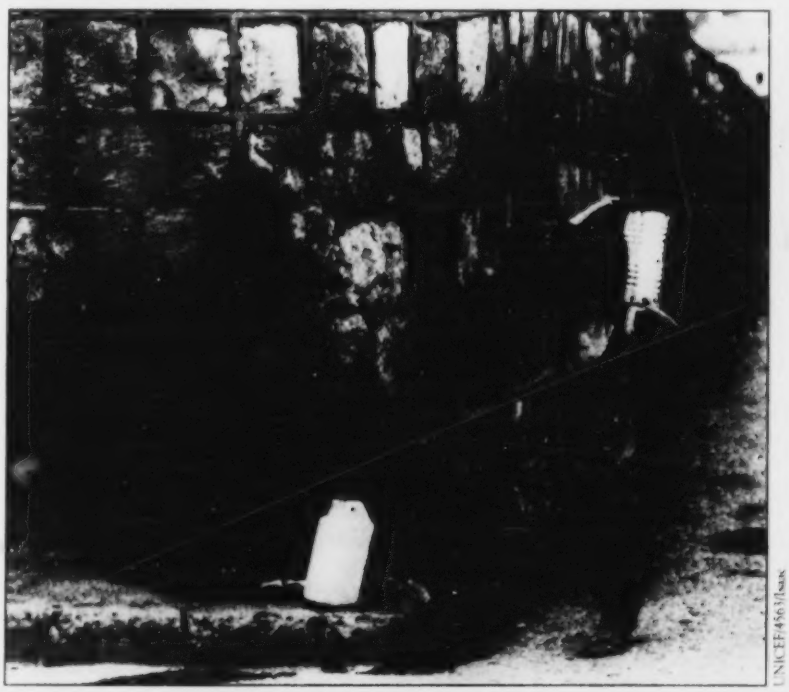
Reducing the disparities between boys and girls in terms of access to, and quality of, education remained a major hurdle. The region's primary-school net enrolment rate is 82 per cent for boys and 72 per cent for girls. The Regional Office continued its advocacy for young Arab girls with support from the League of Arab States.

Regional debate on gender disparities and the empowerment of women had a welcome boost from the International Conference on Population and Development (ICPD), held in Cairo in September, and preparations for the Fourth World Conference on Women, to take place in Beijing in 1995.

Seven countries — Egypt, Jordan, Iraq, Libya, Morocco, Tunisia and Yemen — have ratified the Convention on the Elimination of All Forms of Discrimination against Women, although they expressed reservations to some of its provisions.

During 1994, UNICEF continued to build on successful joint initiatives with the League of Arab States, and specialized ministerial councils for Arab Ministers of Health, Social Affairs, and Education endorsed the mid-decade goals and became directly involved in monitoring progress towards achieving them.

Girls fetch water in the northern Iraqi city of Erbil. UNICEF is helping rebuild basic services both in Iraq and among displaced persons along the Iranian and Turkish borders.



UNICEF/4561/Hauk

EDUCATION

Modest progress for girls

There was optimism in parts of the Middle East and North Africa in 1994 that the gender gap in education for girls might be narrowing. The good news was that expenditures for education in the region as a whole averaged a solid 6.4 per cent of GNP and the gross primary school enrolment ratio rose from 40 girls per 100 boys to 89 girls per 100 boys between 1960 and 1992. Jordan led the way with a reported 98 girls per 100 boys.

Some problems, however, are weakness of the available data, the disproportionate numbers of girls who drop out of school early or repeat grades, and limited opportunities for secondary schooling or meaningful jobs for those girls who do graduate. Gender stereotypes in school curricula continued to reinforce the cultural perception that girls are 'born to marry'. Many parents also remained reluctant to send daughters to coeducational schools where teachers and students are predominantly male. Few schools in the region address this traditional family concern for the security of girls by offering facilities exclusively for girls. The need for many boys and girls to travel long distances between home and school and a deeply ingrained cultural preference for boys also meant that families with limited incomes were more likely to spend money on transportation and accommodation for their sons. The gross primary school enrolment rate for girls in Morocco in 1992 was 54 per cent compared to 78 per cent for boys. In Yemen, the enrolment of girls was 43 per cent, compared with 111* per cent for boys.

UNICEF country reports for 1994 indicate that more than 65 per cent of MENA countries have achieved or exceeded the mid-decade goal of 80 per cent net enrolment for boys and girls, and that six (Bahrain, Iran, Lebanon, Qatar, Syria, United Arab Emirates) have achieved better than 90 per cent. According to the reports, four MENA countries (Bahrain, Jordan, Kuwait, United Arab Emirates) have achieved primary school enrolment parity for boys and girls; three countries (Lebanon, Oman, Qatar) have reduced disparities below 1 per cent; and seven (Djibouti, Iran, Libya, Saudi Arabia, Sudan, Syria, Tunisia) have reduced disparities to 2 per cent or less. The lack of reliable gender-disaggregated data for many of these countries, however, means that caution must be exercised in interpretation.

The only way to guarantee sustained improvement in educational opportunities for girls in these countries is through a concerted effort to find cost-effective ways of reaching large numbers of girls who, for a variety of reasons, lack access to schools. Girls in rural areas and those among displaced populations and nomadic groups remain the most disadvantaged.

High-level interventions in Egypt and Morocco were among the most positive developments in education for Arab girls in 1994. In Morocco, the King and the royal family have encouraged education as an impetus for democratization. An education strategy for girls has reportedly raised their enrolment levels in 10 provinces from 16 per cent to about 46 per cent. The programme was expanded to 17 provinces in 1994 and will cover 49 provinces by 1995. A survey of literacy and numeracy among fourth-graders during the year indicated a need for better quality teaching. In Egypt, a community schools initiative aims to bring basic education within reach of girls in some of the poorest rural governorates. During the year, the initiative served 1,102 girls in 38 schools and reported an 80 per cent success rate with enrolment.

In Iraq, UNICEF supported non-formal education for girls aged 10-14 who had dropped out of school. The plan was to mobilize 7,000 girls for classes in 1994, but the response was so positive that the actual number for the year almost doubled to 12,000.

* This rate exceeds 100 per cent due to double and repeat enrolment and over-age pupils.

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EAST ASIA AND THE PACIFIC

LIVING standards in the East Asia and Pacific region have risen fourfold since the 1960s, driven by rapid and sustained economic growth. According to the World Bank, between 1965 and 1994 national economies in this region grew faster than in any other region of the world.

Between 1970 and 1990, the proportion of the people living in absolute poverty fell from one third to one tenth of the population. In the same period, life expectancy at birth increased by 45 per cent, and mortality among under-fives fell by about 70 per cent. The average annual population growth rate (1.7 per cent) is substantially lower than elsewhere in the developing world.

Although these trends are positive overall, living standards among marginal, poor and exploited groups have in fact deteriorated. In countries making the transition to market-oriented economies (Cambodia, China, Lao People's Democratic Republic, Mongolia, Viet Nam), the withdrawal of government-funded safety nets has been painful for the poorest and most vulnerable groups. In more prosperous countries, progress has also widened disparities between rich and poor.

Economic growth in many countries has also been accompanied by the erosion of traditional social structures and a visible increase in child abuse and neglect, family violence, crime and the weakening of social support mechanisms. The commercial exploitation of children for sex remains a major concern in a number of countries *(see also 'Children in especially difficult circumstances')*.

Perhaps the most ominous problem of the 1990s is the HIV/AIDS epidemic. According to WHO, AIDS is spreading faster in Asia than anywhere else. The region had 6 per cent of the global AIDS cases in 1994, compared to 1 per cent in 1993. The great majority of people infected with HIV are in Thailand (about 600,000) and Myanmar (200,000). UNICEF responses have focused on data collection and analysis for advocacy, social mobilization and communication, and assessment of the impact on children and women, particularly in the Philippines, Thailand and Viet Nam *(see also 'AIDS and children')*.

The end of the cold war and the resulting political realignment can be expected to affect UNICEF advocacy work for children as countries seek new political alliances and as more affluent communities make new demands on democratically elected governments.

Change could come quickly with the expected expansion of the Association of South-East Asian Nations (ASEAN) to include the Lao People's Democratic Republic, Papua New Guinea and Viet Nam, as well as guest countries such as Cambodia and Myanmar, which participate to a certain extent but do not have full membership privileges, and consultative partners (collaborative countries outside the ASEAN region), such as China and Russia. The decentralization of government authority also has implications for UNICEF cooperation with governments and for programme planning, budgeting and implementation.

Concerns about pressures on traditional values have arisen because of the communication explosion, especially satellite television. This issue comes into play for UNICEF in the context of the Convention on the Rights of the Child, since it is based on broad global ethics. Nauru and Samoa ratified the Convention in 1994, and Malaysia and the Solomon Islands did so in the first quarter of 1995. Brunei Darussalam, Singapore and seven Pacific Island countries have yet to ratify.

For most countries of the region, the main challenges to child survival are largely being met. Under-five mortality averages 56 deaths per 1,000 live births — about half the rate for all developing countries — and infant mortality is 42 per 1,000, compared to 69 for all developing countries. More than 90 per cent of the region's children are fully immunized.

Adult literacy stands at 80 per cent, and more than 85 per cent of primary school entrants reach

UNICEF/93-1296/Fregier

A family in Thai Binh province aspires to be as happy as the one in the *Facts for Life* health promotion calendar in their living room. The UNICEF programme in Viet Nam is one of the organization's largest.

UNICEF-ASSISTED PROGRAMMES IN:

Cambodia
China
Cook Islands
Federated States of Micronesia
Fiji
Indonesia
Kiribati
Korea, Dem. People's Rep. of
Lao People's Dem. Rep.
Malaysia
Marshall Islands
Mongolia
Myanmar
Niue
Palau
Papua New Guinea
Philippines
Samoa
Solomon Islands
Thailand
Tokelau
Tonga
Tuvalu
Vanuatu
Viet Nam

17

UNICEF/92-0071/Lemoyne

Boosting access to education, especially for girls, is a priority for the 1990s. In China, community leaders and parents are encouraged to enrol more girls in primary schools.

grade 5. Regional progress in these areas is due largely to a high level of political commitment. This was evident at a ministerial conference in the Philippines in October in preparation for the World Summit for Social Development. The participants adopted an agenda for action on social development in Asia, giving priority to the needs and rights of children in development planning for the 21st century.

President Fidel Ramos conducted a review of the mid-decade goals in the Philippines, and the Government of Viet Nam increased its budgetary allocations for achieving them. In several cases, national commitments have been backed by the personal pledges of leaders. In Thailand, the Prime Minister plans to hold biannual reviews on the mid-decade goals, and Crown Princess Maha Chakri is concentrating on IDD as one of her special interests, bringing attention to it through advocacy activities. President Suharto of Indonesia appointed a Cabinet Committee on IDD and issued a presidential instruction calling for the iodization of salt supplies.

UNICEF advocacy and information dissemination have contributed to widespread high-level political support for universal salt iodization in many countries, including most of the region's largest (China, Indonesia, Myanmar, Philippines, Thailand, Viet Nam). UNICEF social mobilization activities have also supported immunization campaigns, especially in partnership with local NGOs, religious groups and volunteers.

UNICEF-ASSISTED PROGRAMMES IN:

Bangladesh
Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

SOUTH ASIA

THE South Asia region has maintained moderate economic growth in recent years. Moves towards more open market economies have resulted in more rapid growth, but its benefits have not yet reached many people. The region has nearly one fifth of the world's population and almost one fourth of the world's children. However, one third of all child deaths in developing countries occur there. It has the world's highest illiteracy rate, particularly for women, although Maldives and Sri Lanka are encouraging exceptions. It is also home to half the world's malnourished children.

Surveys indicate that the gap in income distribution has continued to widen. One fifth of the region's poor live in towns and cities. Well over 500 million people (more than two fifths of the population) live in poverty. UNICEF assistance in the seven South Asian Association for Regional Cooperation (SAARC) member countries* aims to combat this multifaceted poverty of income, education, nutrition, health and hygiene.

Despite poverty, rapid population growth and environmental depletion, South Asia remains on course towards the achievement of the mid-decade goals for children. UNICEF continued in 1994 to support the countries — individually through country programmes of cooperation and collectively through non-governmental regional groups and SAARC — in their efforts to achieve the mid-decade goals, endorsed by the SAARC Summit in Dhaka in 1993.

Most countries in the region should be able to achieve and sustain 80 per cent immunization coverage. While Nepal and Pakistan need to make considerable efforts in 1995, political commitment at the highest levels has been made in both countries to achieve the goal. The same can be said for the elimination of neonatal tetanus, the reduction of measles deaths and cases, and the elimination of polio in selected areas. India and Pakistan have made remarkable progress against polio, but it may be some time before they are completely free from the disease. In 1994 both made concerted efforts to improve coverage, with Pakistan implementing highly successful 'national immunization days'.

The elimination of vitamin A deficiency is within reach in all countries, although it will require unprecedented efforts in India. There will be near-universal iodization of salt in all countries, although Nepal will require additional resources to reach the goal. There has been dra-

matic progress in ORT use but achieving the 80 per cent objective remains a major challenge, particularly in Bangladesh, India and Pakistan. Targets set for the baby-friendly hospital initiative (BFHI) are mostly being met, albeit with some difficulty in Bangladesh and India.

The region has also made impressive gains in providing safe drinking water, and the mid-decade goal of increasing coverage by 25 per cent from the 1990 level is likely to be achieved in most countries. Nepal, however, with its unique problems of geography, will continue to face obstacles. Another regional success story is the virtual elimination of dracunculiasis (guinea worm disease) by the end of 1994 in India and Pakistan and, therefore, from the entire region.

The three most ambitious goals are a reduction in protein-energy malnutrition (PEM), universal primary education and expansion of access to sanitation. The prevalence of PEM is unacceptably high in all countries, and a considerable new effort is needed. In 1994 the Regional Office for South Asia took the first steps towards launching a new nutrition initiative.

In primary education, achievement of universal access and completion remains problematical for all countries, with the exception of Maldives and Sri Lanka. Some countries have made significant breakthroughs in policies and programmes. India embarked on a massive district-based programme for priority areas. Pakistan has begun to focus attention on girls' education.

Progress in sanitation depends heavily on changes in family attitudes and behaviour. The region is likely to achieve the modest goals set for the mid-decade, but much greater attention will need to be given to promoting alternative methods of sanitation and to public education and communication.

The region has made good progress on the Convention on the Rights of the Child. All seven countries ratified the Convention by the end of 1992. Pakistan sent its first report to the Committee on the Rights of the Child in 1992 and resubmitted it in 1994 in the light of the Committee's comments. The reports of Maldives and Sri Lanka were submitted during 1994. Bangladesh, Bhutan, India and Nepal are preparing their reports. All countries have also developed NPAs based on the World Summit goals, and UNICEF has supported these national and subnational efforts through advocacy and technical support. Because of the situation of girls and women in South Asia, UNICEF is advocating strengthened links between the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

UNICEF/93-1278/Murray-Lee

A woman journalist interviews mothers near Kathmandu (Nepal), as part of a course in reporting human development stories. The training is sponsored by UNICEF and the Thomson Foundation, UK.

Girls received increasing attention through the *Meena* initiative, a communication project that aims to change perceptions and behaviour that hamper the survival, protection and development of girls. The initiative involves the production and dissemination of a multimedia package including animated films, videos, radio programmes, comic books, posters and other materials. It features a young girl called Meena, whose life experiences expose the discrimination against girls and women. The initiative offers positive insights for families and communities. Begun in Bangladesh, the project has now expanded to other countries in the region where girls' issues are critical — India, Nepal and Pakistan — with positive results.

Meena has already proven to be one of the most exciting communication initiatives ever supported by UNICEF. Even countries outside the region have shown keen interest in using the colourful *Meena* materials, and several UNICEF National Committees in Europe have used them for fund-raising and Education for Development activities. Over the next few years the project will be seeking to involve the private sector in the dissemination of the *Meena* concept and in exploring its commercial potential both in the region and beyond.

While dramatic progress has been made in some sectors, and the capacity to move rapidly towards achieving the goals for children for the year 2000 is present in all countries, the South Asia region clearly remains one of enormous challenges in the areas of concern to UNICEF.

* Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka.

UNICEF-ASSISTED PROGRAMMES IN:

Antigua and Barbuda
Argentina
Barbados
Belize
Bolivia
Brazil
British Virgin Islands
Chile
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Montserrat
Nicaragua
Panama
Paraguay
Peru
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Suriname
Trinidad and Tobago
Turks and Caicos Islands
Uruguay
Venezuela

THE AMERICAS AND CARIBBEAN

PRIVATIZATION, deregulation and decentralization have reshaped the economic landscape for many countries in the Americas and Caribbean region, and most countries saw a marked improvement in economic performance in the early 1990s. However, this growth needs to become sustainable, and it has not been sufficient to reduce unemployment or to modernize administration of the social sectors.

Nor has economic growth led to greater efficiency or equity in budgetary allocations for the poor. In many countries, social spending has been directed towards temporary relief of the most obvious manifestations of poverty, while necessary social policy reforms have been postponed.

There is good news for children, however. Regional ratification of the Convention on the Rights of the Child will be universal when the Haitian Parliament completes the process begun with its December 1994 agreement to ratify. Although many countries are overdue in reporting on their activities to implement the Convention, Argentina, Bolivia, Chile, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Jamaica, Paraguay, Peru, Uruguay and Venezuela are adapting their legislation and institutions to comply with its provisions.

With the exception of Haiti, all the TACRO countries have now formulated NPAs. Guyana and Jamaica joined the list in 1994. In addition, many countries are developing plans for state or municipal levels.

This process of developing subnational plans has been strengthened by an expanding network of 'mayors as defenders of children' in Argentina, Bolivia, Brazil, Chile, Colombia, the Dominican Republic, Ecuador, Honduras, Nicaragua, Paraguay, Peru and Venezuela. By the year 2000, most countries of the region should have achieved the goals set by the World Summit for Children.

In cooperation with ILO, efforts have been strengthened to develop policies against exploitative child labour. Initiatives to prevent violence against children — both in the family and community and by governments — are also making headway in countries like Brazil, Chile and Colombia.

The defence of child rights has had growing support from many non-governmental agencies, including churches and the mass media. Judges, lawyers and the police have begun to play a more active role in formulating and applying policies and legislation to reinforce the Convention, particularly as it relates to the treatment of young people accused of violating the law.

The Convention is now regarded in the region as the basic framework for developing social policies concerning children. TACRO has provided technical assistance in matters relating to legal reform, research, training and the production of communication materials for use by governments and UNICEF offices in each country.

In April, 28 Governments of the Americas signed the Nariño Accord, reaffirming the commitments of the World Summit for Children and the mid-decade goals and identifying new areas of concern, including early pregnancy, disabilities and civil rights. The Accord was endorsed by the Fourth Ibero-American Summit of Heads of State, the Central American Conference of Peace and Development and the Summit of the Americas, convened by US President Bill Clinton.

In all countries, efforts are needed to sustain medium-term investments and to bring services to outlying areas, such as Brazil's north-east and isolated areas of Haiti and Peru. Priority must also be given to the control of ARI, systematic planning to improve nutrition, bettering conditions for women — especially in terms of maternal mortality — and to the emerging problems of drug addiction, violence and AIDS.

All countries except Bolivia, Brazil and Haiti have lowered infant and under-five mortality rates at a pace sufficient to meet the World Summit survival goals. Polio has been declared eradicated from the region. Vaccination campaigns in all countries, except Haiti, have reduced the incidence of measles to less than 10 cases per 100,000 inhabitants. Cases of neonatal tetanus have declined dramatically — from 1,075 in 1990 to 652 in 1993. All countries will achieve the mid-decade goal of virtually eliminating vitamin A deficiency. Various strategies were employed to meet the vitamin A goal, including distribution of megadoses of vitamin A, fortification of sugar (Central America, Chile) and fortification of maize and wheat flour (Venezuela).

In Mexico, with ORT usage at 81 per cent, under-five deaths due to diarrhoea have fallen by 56 per cent over the past three years. Chile, Costa Rica, Cuba, Jamaica, Uruguay, Venezuela

UNICEF/4126/Romer

Preschool children in a day-care centre in the Dominican Republic benefit from a nutrition programme.

and the Eastern Caribbean have also met the mid-decade goal of 80 per cent ORT use. Local production of oral rehydration salts is on the rise throughout the region.

All countries have adopted baby-friendly policies to prevent the distribution of free and low-cost supplies of breastmilk substitutes to hospitals and maternities, but stronger surveillance and enforcement are needed to ensure compliance.

Progress has been made against child deaths caused by ARI in Argentina, Costa Rica, Mexico, Puerto Rico and Uruguay, but almost 60 per cent of paediatric consultations in the region were due to such infections.

In April, at an interregional ministerial meeting convened by the President of Ecuador in Quito, a plan of action was developed to achieve universal salt iodization. Reaching this goal by the end of 1995 is attainable, but only with special efforts in Brazil, Haiti and Paraguay.

The reduction of maternal mortality remains a major challenge for most countries. The official regional estimate of 21,000 maternal deaths each year is considered very low due to under-reporting. About 70 per cent of those deaths occur in Bolivia, Brazil, Colombia, Mexico, Peru and Venezuela, and induced abortions have been identified as a major cause. Education, family planning and improvement of health and nutrition services are the main strategies to reduce maternal deaths.

At least nine countries — Bolivia, Brazil, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Paraguay — are likely to fall short of the education goals for the year 2000 unless special efforts are made. Grade repetition and drop-out rates are very high in almost every country of the region, and the low quality of primary education is a major factor. UNICEF has supported the development of education strategies in Bolivia, Chile, the Dominican Republic, Ecuador, Guatemala, Honduras and Peru. UNESCO has assisted in preparing prototype materials for the sciences (health, nutrition, environment) and in education for democracy (resolving conflicts, tolerance, gender equity, child rights). The English-speaking Caribbean has taken a lead in promoting child development education for parents.

Studies in the Caribbean subregion and in some Latin American countries show that women continue to be underrepresented in positions of power and decision-making at most levels. A regional women's leadership programme is being designed and co-sponsored by UNICEF, UNIFEM, the Inter-American Development Bank (IDB) and the Inter-American Commission of Women/ Organization of American States to promote women's participation in public office at decision-making levels. Meetings of women parliamentarians and women mayors in Chile, Colombia, Costa Rica, Nicaragua and Paraguay have been a first step in creating networks of women leaders at country level.

A media campaign on the role of women was conducted in Uruguay to sensitize public opinion, and women communicators were being organized in Cuba to ensure that gender issues are included in public discussion.

Meanwhile, UNICEF has begun to adjust its role to one of defending the rights of children and adolescents in the region as a whole. Implicit in this shift is a focus on the beneficiaries rather than on the services being offered. UNICEF must help to interpret young people's needs, protect their rights and develop their voice.

UNICEF-ASSISTED PROGRAMMES IN:

Afghanistan
Albania
Armenia
Azerbaijan
Bosnia and Herzegovina
Croatia
The former Yugoslav Rep. of Macedonia
Georgia
Kazakhstan
Kyrgyzstan
Moldova
Romania
Serbia and Montenegro
Tajikistan
Turkey
Turkmenistan
Uzbekistan

CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES, AND BALTIC STATES

THE most striking distinction of the countries of the newest UNICEF region is their profound social and economic decline at a time when other regions continue to make solid progress. The decline is especially wrenching because it is hitting countries that previously enjoyed high levels of child health and nutrition, education and social security. As these countries struggle with their economic and social transitions towards free markets and democratic forms of governance, the situation for children may worsen before it improves.

The challenges for UNICEF in Eastern Europe and Central Asia are as unique as its subregions: Central and Eastern Europe, including the Republics of former Yugoslavia; the Commonwealth of Independent States, including the Central Asian Republics and Kazakhstan; and the Baltic States.

In August, UNICEF published a report, *Crisis in Mortality, Health and Nutrition*, on conditions in nine countries in the region (Albania, Bulgaria, Czech Republic, Hungary, Poland, Romania, Russian Federation, Slovakia, Ukraine). The report, the second by UNICEF on the region, found that conditions for children were generally worsening in most countries, although in a few countries, including the Czech Republic and Poland, there was some progress. The report described runaway inflation, especially in the Russian Federation and Ukraine; widening unemployment that plunged most families below the poverty line; and an extensive breakdown of social institutions.

Preventive health and nutrition services have been profoundly disrupted, and social safety nets have virtually disappeared in most countries, the report stated. It also expressed grave concerns about environmental degradation in the region and about emergencies resulting from armed conflict in Afghanistan, Azerbaijan, the Caucasus, Tajikistan and former Yugoslavia.

The most immediate signs of social and economic crisis in the region were reflected in a startling increase in mortality among men aged 20 to 59 years, due to stress and deprivation; fewer marriages and higher divorce rates; declining birth rates, accompanied by an increase in abortions, especially in Albania, Bulgaria, Romania and the Russian Federation; more frequent illnesses among children; a pervasive decline in availability of income, food and services; and heightened overall social stress.

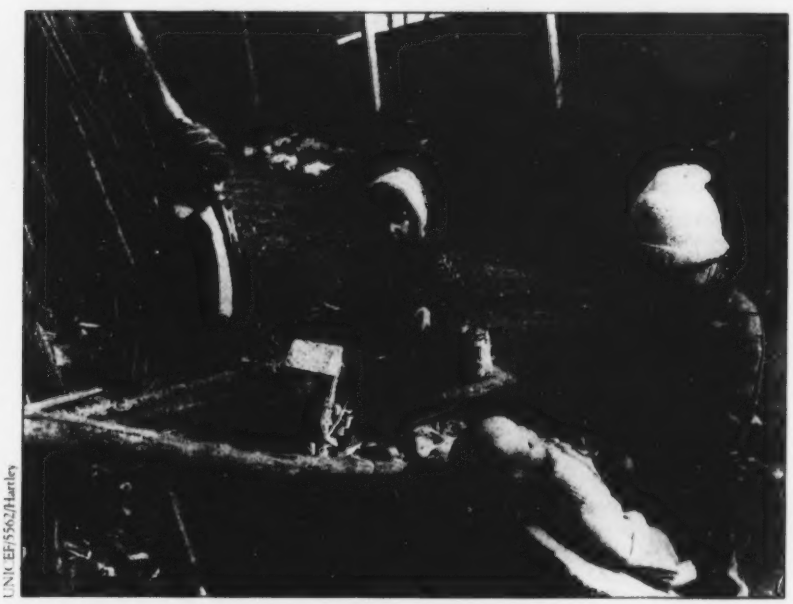
Infant and under-five mortality rates rose in Albania, Moldova and Slovakia, but elsewhere held at 1992 levels. Vaccination coverage in the region remained mostly in the 80 to 90 per cent range, but it was below 80 per cent in Afghanistan, Georgia and Turkey.

The resurgence of diphtheria in the Russian Federation and Ukraine sparked fears of epidemics in the face of collapsing health services. Azerbaijan and Kazakhstan had two to four times more diphtheria cases in 1994 than in 1993, with children being especially hard hit. In Azerbaijan, an acute shortage of anti-diphtheria serum was blamed for the high case fatality of 17.3 per cent.

Also distressing was the persistence of endemic iodine deficiency disorders in the Central Asian Republics and Kazakhstan and in most of Central and Eastern Europe. (The Czech Republic, Slovakia and parts of Hungary were exceptions.)

At the urging of the late UNICEF Executive Director, James P. Grant, the Foreign Ministers of the 10-member* Economic Cooperation Organization (ECO) decided to hold four workshops on the impact of deteriorating social con-

Children play at being grown-ups near Deva (Romania), one of several countries where the transition to a market economy is eroding social services.



UNICEF/93-0562/Hartley

ditions on child health. The first three, in 1994, focused on the elimination of iodine deficiency disorders (Ashkhabad, 15-16 June), acceleration of breastfeeding and the baby-friendly hospital initiative (Ankara, 22-23 August) and ORT and the control of diarrhoeal diseases (Ankara, 24-25 August). The fourth workshop, on immunization, was held in Tashkent, 15-16 January 1995.

All countries except the Czech Republic and Slovakia have signed the World Summit Declaration, and all have ratified the Convention on the Rights of the Child, with the addition of Turkey which did so in April 1995. At the end of 1994, the process of formulating NPAs for children was under way in seven of the countries (Albania, Bulgaria, Czech Republic, Hungary, Romania, Russian Federation, Slovakia), and the mid-decade goals are achievable in all but the Central Asian Republics and Kazakhstan in 1996.

The erosion of services for children in the region has been evident since 1991. With modest resources, UNICEF is emphasizing strategic assistance to the countries in the greatest difficulty, namely, the Central Asian Republics, Kazakhstan and the Caucasus — Armenia, Azerbaijan and Georgia — as well as Albania and Romania. UNICEF is also refining its approach to attract more donor support to help prevent the collapse of social safety nets and to fortify existing national infrastructures.

The differing characteristics of each subregion pose a challenge to using the most appropriate methods of cooperation. In the case of distressed non-qualifying countries, like the Russian Federation and Ukraine, UNICEF support was largely limited to temporary emergency aid, such as vaccines to combat diseases and support to fight iodine deficiency disorders.

Emergency countries (Afghanistan, Armenia, Azerbaijan, Georgia, Tajikistan) have been receiving assistance for health (vaccines, ORS and medicines), education, and provision of blankets and winter clothing. The German National Committee, the European Union, USAID and the Governments of Canada, Japan and Sweden gave the largest contributions. This support helped to sustain services, train health workers, ease the plight of emergency victims and pre-position winter heating supplies.

Tajikistan, the most disadvantaged of the Newly Independent States following the displacement of 850,000 people by civil war, received food, medicines, vaccines, ORS and educational materials from UNICEF. Also provided

UNICEF/94-0867/Lemoyne

Two boys help push a cartful of water in Sarajevo. UNICEF finds that 55 per cent of children in Sarajevo and Mostar have been shot at and 59 per cent have had their homes attacked. UNICEF trauma treatment programmes help them cope.

was training for field workers to expand immunization coverage and to strengthen health care delivery, such as treatment for acute respiratory infections and diarrhoeal diseases.

Although not directly affected by the conflict in the area, the former Yugoslav Republic of Macedonia has been hard hit by a trade embargo, the enforcement of sanctions on the neighbouring Federal Republic of Yugoslavia and a painful transition to a market economy. In 1994, UNICEF supplied all of the vaccines for EPI, drugs for ARI, oral rehydration salts and basic education equipment for many schools.

The publication, *Women and gender in countries in transition: A UNICEF perspective*, was launched at the Vienna preparatory meeting for the Fourth World Conference on Women (17-21 October). The document highlighted concerns and reviewed the policy implications of gender-related issues in the region. Among the most serious concerns are the deterioration of social services and reduction of payments to families, abortion as a means of family planning, an increase in unemployment of women as a result of the transition, and the lack of women at senior decision-making levels.

* Afghanistan, Azerbaijan, Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan, Uzbekistan.

EMERGENCY COUNTRIES

UNICEF/94-095/Lemoyne

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ESCALATING armed conflicts, broken peace accords, poverty and natural disasters left many millions of children on the thin edge of survival in 1994.

Ethnic and territorial disputes were accompanied by violence against civilians on a horrifying scale. By the end of the year, an estimated 25 million people were displaced within their own countries and 18 million others were refugees in neighbouring countries. Two thirds of the refugees were children, some of whom witnessed unspeakable atrocities, from which they will carry emotional scars for life. Almost all were dependent on the compassion of strangers, and millions passed through camps and relief centres supported by UNICEF. The organization disbursed more than US$183 million for emergency programmes in 13 major emergency countries (Afghanistan, Angola, Burundi, Ethiopia, Haiti, Iraq, Kenya, Liberia, Mozambique, Rwanda, Somalia, Sudan, former Yugoslavia).

In the midst of turmoil, UNICEF provided shelter, clothing, safe water supplies, sanitation, nutrition, education and health care, including vaccines and ORT. While bolstering the survival prospects of millions of children, this type of assistance also helped to lay foundations for long-term rehabilitation and recovery. At the same time, UNICEF pressed for the protection of all children under the Convention on the Rights of the Child, reminding world leaders that their youngest citizens were their nations' most valuable asset.

UNICEF also campaigned for the demobilization of child soldiers and for a ban on the production, sale, stockpiling and use of land-mines, drawing attention to the ongoing loss of life and limbs to mines abandoned but still deadly long after wars have ended. UNICEF was the lead international agency in a programme to reunite children with families in Rwanda (*see also the profile, 'Alone and desperate: Picking up the pieces'*) and sought to raise international awareness of the disproportionate impact of trade sanctions on children and women in such countries as Haiti and Iraq. A review of the situation of children in countries where sanctions were in force revealed some disturbing trends in terms of health and nutritional status, as well as other quality-of-life indicators. In Iraq, a study conducted by the Government and UNICEF in March 1994 indicated a 9.4 per cent increase in severe to moderate malnutrition among children up to the age of 12 months since 1993. In Haiti, a Harvard University study showed that the under-five mortality rate rose 35 per cent between 1991 and 1992. The same study indicated that, during the period January-September 1991, the under-five mortality rate was 38 per cent, compared to 47 and 58 per cent for the same months in 1992 and 1993, respectively.

The organization's efforts in the major emergency countries were frequently hampered by belligerent actions that disregarded the most basic humanitarian principles. Relief workers and children became targets of violence calculated to terrorize civilians, disrupt international peace efforts and hinder humanitarian assistance.

UNICEF participated in emergency relief and rehabilitation in the following countries:

◆ **AFGHANISTAN:** Renewed fighting in Kabul in 1994 caused more than half the war-weary population to flee the city. Their flight added to the burden of international agencies attempting to meet the needs of 2 million refugees who had returned from Iran and Pakistan. UNICEF assistance focused on relief and rehabilitation for 1 million of the neediest children and women living in urban, semi-urban and accessible rural areas. Most assistance went to internally displaced and returnee families. Under the United Nations umbrella in Afghanistan, UNICEF took responsibility for coordinating water supplies,

UNICEF/5510 Z92/Isaac

A mother holds her baby in the nutrition ward of the Indira Gandhi Hospital in Kabul. UNICEF supports nutrition screening and distribution of supplementary food and micronutrients.

sanitation and education programmes for more than 120,000 internally displaced people near Jalalabad.

◆ ANGOLA: Fighting intensified throughout Angola in 1994 despite rumours that a revamped peace agreement was being worked out. In the first four months of the year, 10 new UNICEF field offices were established in government- and UNITA-held territories, enabling 400,000 children under five years of age and almost 500,000 women of child-bearing age to be vaccinated against measles and tetanus, respectively. Relief workers who entered previously inaccessible areas found evidence of acute malnutrition and the death of many children because of the conflict, low vaccine coverage and epidemics, and a lack of basic services. In Malange, Kwanza Norte, Bengo and Menongue, supplementary feeding centres benefited more than 70,000 children. Malnutrition in Malange was cut from 34 per cent to 12 per cent in nine months. Water and sanitation (WATSAN) services were provided for 405,000 people in eight provinces, and relief and survival supplies reached 95,000 families in 18 provinces. Some 81,000 displaced farm families received seeds and farm tools at 23 locations.

◆ BURUNDI: The death of Burundi's newly elected President in a plane crash in April ignited a new wave of ethnic violence, but the nation was spared the blood bath which occurred in neighbouring Rwanda. However, the influx of more than 200,000 Rwandese refugees to the northern provinces added to the nation's insecurity. A United Nations inter-agency humanitarian programme, launched in November 1993, was revised and extended from March to August 1994 to meet health and nutrition needs in the capital, Bujumbura, and in four provinces. The programme supported 71 health centres serving a population of about 2 million, WATSAN services, teacher training and the development of peace education materials. About 7,000 unaccompanied children were placed in the care of a family or an adult, and help was given to some 10,000 widows directly affected by the crisis.

◆ ETHIOPIA: The transitional Government pressed ahead in 1994 with wide-ranging measures to transform the country's economic and political situation. A new Constitution was drafted, a Constitutional Assembly was elected, and the decentralization of authority allowed individual regions to levy taxes and manage their own budgets. Drought conditions persisted, however, and 6.7 million people remained dependent on some form of emergency food assistance.

UNICEF worked with the Ethiopia Relief and Rehabilitation Commission on rapid assessments of the drought in severely affected regions and provided US$5.4 million for feeding programmes and the rehabilitation of health, water supply and nutrition activities in drought-affected areas. UNICEF also worked with the Commission to develop a decentralized early-warning system and used the supplementary feeding programme to promote ORT and train health workers in diarrhoea case management. Assistance was also provided for returnees and displaced people and rehabilitation of the education system.

◆ HAITI: The international embargo was lifted in October 1994 and constitutional order was restored after three years of an almost continuous state of emergency. Even before the political crisis, 75 per cent of Haitians lived below the poverty line, and increasing poverty in the absence of social services further reduced nutrition levels and resistance to illness among children and women. UNICEF assistance to Haiti in 1994 included a supplementary feeding programme in partnership with WFP, immunization, the distribution of vitamin A and iron tablets, training in ORT, and WATSAN projects.

◆ IRAQ: With sanctions still in force after four years, the situation in the north of the country remained tense, and armed clashes continued to interfere with humanitarian relief programmes. The UNICEF share of the Consolidated Inter-agency Appeal for Iraq was US$49.5 million, of which US$20 million was spent on the distribution during winter of 153 million litres of kerosene to 565,000 families, as well as to

Haitian women fetch water in a Port-au-Prince neighbourhood. Poverty and lack of social services have affected children most.

UNICEF/94-07187/Toutounji

schools, health centres and social institutions in the three northern governorates. Other support included the installation of 50 power generators for hospitals, waterworks in the governorate of Dohuk, water delivery by tanker to seven districts in the southern marshes, and the distribution of US$1.2 million worth of medical supplies for 900,000 children and women in the most disadvantaged areas of Baghdad.

◆ KENYA: The need for humanitarian assistance escalated in the drought-affected north-eastern, eastern and Rift Valley provinces in 1994 with the continued influx of refugees from Somalia and other countries. The UNICEF share of a Consolidated Inter-agency Appeal launched in February was US$24 million for nutritional programmes for 256,500 under-five-year-olds and 85,500 pregnant and lactating women, and health activities for 750,000 persons in drought-affected areas. By October, however, only US$8.6 million in contributions had been received.

◆ LIBERIA: Renewed factional fighting in Liberia seriously impeded the delivery of humanitarian assistance during the year. Fighting was accompanied by looting and threats to United Nations staff and NGOs, and UNICEF programme losses, including confiscated and damaged vehicles, came to more than US$300,000.

Despite these limitations, UNICEF continued its humanitarian efforts with sister agencies and NGOs. It supported the reactivation of health facilities and immunization programmes, the distribution of essential drugs and micronutrients, and service programmes for orphanages, disabled children and abused women and girls. Other interventions included trauma counselling, vocational training for disadvantaged youth and former child soldiers, and water and sanitation services.

◆ MOZAMBIQUE: Following multi-party elections in October, hopes were high among the country's 16.5 million people that peace would finally prevail. Reflecting this optimism are the 1.5 million refugees and almost 4 million internally displaced people who have returned to their homes since the peace accord was signed in 1992, although the departure of the United Nations peace-keeping force in mid-November led to some uneasiness about security. In response to the changing needs of the postwar period, UNICEF began to redirect emergency activities to the restoration of basic health, water and education services, the expansion of basic services to previously inaccessible areas, and support for the country's NPA for children.

UNICEF/94-0282/Press

Unaccompanied Rwandese refugee babies in a camp near Goma (Zaire) face an uncertain future. UNICEF played a part in the international relief effort in Rwanda and neighbouring countries.

◆ RWANDA: The death of Rwanda's President in an air crash on 6 April triggered the massacre of more than 500,000 people, most of them civilians. In the UNICEF office alone, 14 of the 80 national staff were murdered. More than 3 million Rwandese were displaced, and 2 million others fled across borders into neighbouring countries. At the peak of the crisis, Rwandese streamed into Zaire at the rate of 15,000 per hour, with more than 1 million crossing in four days. An unprecedented relief effort by the international community focused on basic needs within the country and in the refugee camps that were established in Burundi, Tanzania, Uganda and Zaire.

A massive airlift by Western military contingents delivered thousands of tons of relief supplies for United Nations agencies and NGOs. The UN Department of Humanitarian Affairs (DHA) coordinated this effort. UNICEF worked in close collaboration with other UN agencies, NGOs, military contingents and local officials.

The UNICEF Office in Kigali, evacuated when fighting erupted in April, was fully re-established by July, and two suboffices in the south-west and three field offices at refugee camps in Tanzania and Zaire were established. Almost 100 international UNICEF staff were on hand to help rebuild capacity within the country and to provide emergency relief to displaced persons and refugees.

In Goma (Zaire), besides helping to reunite thousands of children with their families, UNICEF teams helped the local water department expand its supply capacity by 50 per cent, and seven UNICEF water tankers met 15 per cent of water supply needs in the surrounding camps. UNICEF borrowed two drilling rigs from the Uganda Office to drill 27 boreholes that supplied some of the 400,000 refugees from Rwanda in camps around Ngara (Tanzania). Other activities in these camps included vaccinations, provision of vitamin supplements and supplementary feeding for more than 60,000 children.

UNICEF programmes also helped to renovate water supply systems in Kigali and in 10 smaller cities, serving a total of 700,000 people. UNICEF helped repair the national electricity grid, reconnecting cities by late December.

The first 2,500 of a planned 9,000 'school-in-a-box' kits were distributed by end-December, and teachers were given incentives for three months to inspire confidence. Each kit includes teaching materials, a teacher's guide, copybooks, pencils, slates and chalk. Land-mine awareness campaign kits were distributed to communes and schools, and UNICEF supported a de-mining team that checked the safety of schools and health facilities. Rwanda's central pharmacy and vaccine cold chain were restored, and UNICEF supplied essential drugs, vaccines and equipment.

◆ **SOMALIA:** The increasing violence and insecurity that followed the withdrawal of US and European military contingents and the reduction of UNOSOM forces hindered the delivery of humanitarian assistance. Although malnutrition and death rates were reduced through massive foreign aid, most of the population of central and southern Somalia was living below the pre-war poverty line, and some 5.6 million refugees and 1.5 million internally displaced people were dependent on international help.

UNICEF continued to collaborate with WHO and NGOs to reach the most vulnerable groups through 224 health posts, 60 out-patient dispensaries, 112 MCH centres and 24 hospitals. Training was provided for 800 community health workers, traditional birth attendants, laboratory technicians and EPI workers. About 100,000 children received measles vaccine and 87,000 received DPT/OPV3. Nutrition programmes provided vitamin A supplements for 321,000 children and iron/folic acid for 107,000 pregnant women. At least 1,750 metric tons of supplementary food were distributed to more than 126,000 malnourished children, as well as to pregnant and lactating women. More than 300 water sources were rehabilitated or installed, and 218 latrines were built. An education programme reached some 134,000 children and 15,000 women.

A UNICEF Somalia Emergency Response Team was established to prepare contingency plans for possible new emergencies arising from civil conflict. Emergency supplies were pre-positioned in Baidoa, Kismayo and Mogadiscio, and UNICEF readiness was soon tested by a cholera epidemic that lasted from February to June. Twelve members of the UNICEF team were also deployed to Goma (Zaire) to help fight a massive cholera epidemic among refugees from Rwanda.

A TRAUMATIZED GENERATION

A UNICEF-sponsored survey of children in south-east Rwanda after the conflict found that 75 per cent of those interviewed had seen members of their family massacred. More than 25 per cent had buried their own parents.

Almost 56 per cent of the children interviewed said they had seen children kill people, and 42 per cent saw children kill other children.

The survey was conducted by two Norwegian specialists on child trauma who questioned 207 boys and girls aged between 9 and 15 years and concluded that their findings were representative of children's experiences nationwide, with the exception of Rwanda's south-west and certain regions of the north.

The authors of the study, Dr. Magne Raundalen and Hans Steinkopf, said the children had been exposed to traumatic events and that large-scale trauma recovery programmes were needed within Rwanda's school and health systems to lessen the lifelong impact of these atrocities.

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UNACCOMPANIED CHILDREN

Alone and desperate: Picking up the pieces

In the panicked flight of refugees from Rwanda's brutal conflict, an estimated 114,000 children became separated from parents and guardians. About 70,000 of these children were displaced within Rwanda, while some 44,000 others crossed into Zaire, alone or with relatives, neighbours or families they encountered along the way.

UNICEF was designated the lead agency to coordinate assistance for unaccompanied children within and outside Rwanda. The prime objective was to provide basic services to ensure their survival, register them and begin tracing family members.

At the height of the emergency, UNICEF staff at the refugee base in Goma (Zaire) would set out in a large truck each morning to search for unaccompanied children. The truck would return filled with girls and boys of all ages, many of them severely dehydrated and traumatized by the violence they had witnessed *(see box)*. Rwandese social workers would gather as much basic information from each child as they could before bringing them to a children's centre where ORT was administered to counteract the effects of diarrhoea or cholera. Supplementary food was given to those severely malnourished, and each child was vaccinated against life-threatening diseases and given vitamin A.

The Kodak company contributed to tracing efforts by UNICEF and others in Goma by offering 600 rolls of camera film and processing. UNICEF, UNHCR, the Red Cross and NGOs photographed 12,000 unaccompanied children at 20 centres within a 56-kilometre radius of Goma, and the prints were coded and distributed at strategic points in refugee camps to reach as many parents, guardians and acquaintances as possible.

A database on registered children was established within Rwanda by Save the Children Fund (UK), and a special emergency task force comprising UNICEF and the Ministry of Social Rehabilitation provided child centres with nutritional and health support, recreational and child care training and technical assistance. A three-year programme was developed with initial funding from USAID for their immediate and longer-term needs.

The tracing process, however, was painfully slow, given the highly mobile refugee and displaced population and the need for stringent checks. By December, less than one third (30,000) of the children had been registered, and only a few had been reunited with their families. Faustine Kwagarame found her 12-year-old daughter Genevieve at a children's reception centre on the shores of Lake Kivu, almost by accident. "I had heard there was a children's centre," she said. "When I was coming back from the market I said to myself, 'Faustine, you ought to go there, maybe you'll be in luck'. Thank God!"

Within Rwanda, UNICEF will implement a national reunification campaign in 1995, with radio announcements and posters on buses, schools and market-places in each town. Information gathered will be routinely shared with ICRC, and photographs of the unaccompanied children will be reproduced and distributed more widely.

"The reunification process is a social phenomenon," said Everett Ressler, a UNICEF specialist on children in especially difficult circumstances. "The most important thing is to find the child's family or native village. Often, you have to go to isolated spots, question people, check facts. Once the family has been identified, long-term follow-up is essential."

Separation from parents can be a child's most traumatic experience, and unaccompanied children in emergency situations are the most vulnerable to abuse and neglect. Without an adult guardian to defend their rights they are at the mercy of others who are equally desperate to survive and to protect their own children.

Future emergencies are certain to result in the separation of children from parents or guardians, giving urgency to the need for established humanitarian and legal procedures to protect their rights. All articles of the Convention on the Rights of the Child apply to unaccompanied children, including a preference for reunification with family members over institutional solutions or adoption outside the child's community or country of origin.

"The family — even the extended family — is the best structure in which to bring up children and to teach them and give them love," said Mr. Ressler.

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◆ THE SUDAN: The civil war entered its eleventh consecutive year in 1994, with 5.2 million people in need of non-food assistance provided through Operation Lifeline Sudan (OLS). About 2.4 million of this number also required emergency food aid. Negotiations with the warring parties in April and May gave UNICEF increased access by air, road, river and rail. The prospect of a good harvest and increased aircraft capacity from June onwards raised hopes for increasing household food security.

The expansion of OLS activity included WATSAN services, relief and shelter for children affected by war, the distribution of essential drugs, basic education for 300,000 children, and a combined campaign — polio/measles/vitamin A — that reached 806,000 under-five-year-olds.

UNICEF Khartoum provided emergency health facilities for 500,000 women and children at more than 80 locations. Supplies provided by UNICEF included 3,250 kits of essential drugs, 1.6 million sachets of ORS, 1 million doses of meningococcal vaccines and syringes, and 700 sets of medical equipment.

◆ COUNTRIES AFFECTED BY NATURAL DISASTERS: While wars and ethnic conflicts garnered most of the media attention in 1994, UNICEF also responded to floods in China, Djibouti and Egypt; cyclones in Bangladesh, Madagascar and Mauritius; earthquakes in Colombia and India; drought in Nicaragua and in the worst-affected countries of Africa; and to the continued needs of victims of the Mount Pinatubo volcanic eruption in the Philippines in 1992. UNICEF provided temporary shelter, blankets and clothing in Colombia and Egypt; restored the vaccine cold chain and schools in China; established a cholera treatment centre in Djibouti; and provided medical supplies and essential drugs in India, Madagascar and Mauritius.

UNICEF participated in the World Conference on Natural Disaster Reduction, held in Yokohama (Japan) in May, which adopted a number of resolutions on disaster preparedness and prevention, local capacity-building and the involvement of the private sector to strengthen the United Nations role. In Bangladesh, UNICEF's response to a cyclone in May was rapid due to early warnings and the pre-positioning of relief supplies.

UNICEF/93-1021/Press

Mother and daughter in a southern Sudan village wait to see a doctor. Health care was among services expanded in Operation Lifeline Sudan.

FORMER YUGOSLAVIA

◆ BOSNIA AND HERZEGOVINA: In the absence of a general cease-fire in the war between the Confederation Government of Bosnia and Herzegovina and the Bosnian Serbs, human rights abuses aimed at women and children continued, and the general collapse of the economy severely restricted access to all social services.

Within the framework of the UNICEF programme in former Yugoslavia, the Bosnia and Herzegovina programme emphasized health, EPI, nutrition, WATSAN, education, care for children in especially difficult circumstances and area-based programmes for Sarajevo and Mostar. Winter clothing was provided for 20,000 children. The EPI programme was broadened to include training in cold-chain management and nutrition.

UNICEF moved away from supplementary feeding to support training in breastfeeding, growth monitoring and nutritional surveillance. WATSAN programmes concentrated on the provision of basic supplies and training in maintenance. Education supplies and teaching materials were provided for 8,000 classrooms, together with training for 150 child psychologists and 1,500 teachers to help children traumatized by exposure to the war.

◆ CROATIA: Hostilities continued in UN Protected Areas until a cease-fire was signed with

the self-declared Republic of Krajina in March. Although it was difficult to separate the impact of war from that of economic transition, the decline in industrial and agricultural production coupled with inflation, and the burden of 520,000 refugees and displaced persons, caused a marked deterioration in the Croatian economy.

UNICEF assistance focused on emergency needs, giving priority to women and children in UN Protected Areas and near the front line and to refugees and displaced persons. Health efforts concentrated on the supply of essential drugs and equipment and training for health professionals. The nutrition programme promoted breastfeeding, growth monitoring, nutritional surveillance and supplementary feeding. Some 70,000 students in more than 100 primary schools took part in a countrywide psychosocial trauma treatment project. Education kits were provided for more than 82,000 children. Videos and 150,000 leaflets on the danger of land-mines were distributed to schools.

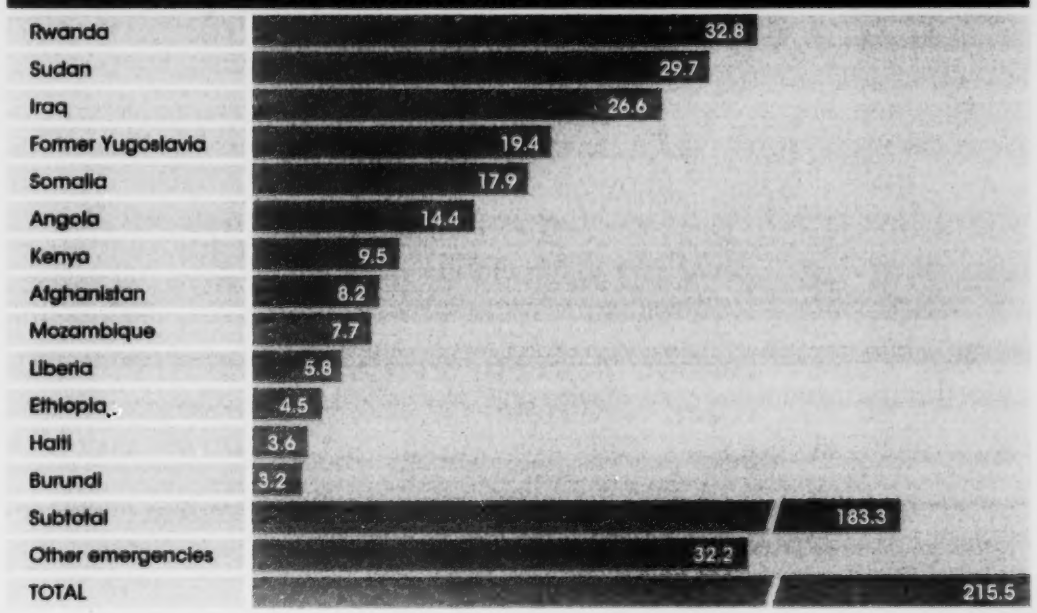
◆ FEDERAL REPUBLIC OF YUGOSLAVIA: Isolated from the international community and struggling to survive under United Nations sanctions, the Federal Government and the Serbian and Montenegro Parliaments accepted a peace plan in 1994 that created a rift between Serbia-Montenegro and the Bosnian Serbs. Adding to the country's economic burden were 415,000 refugees, of whom 175,000 were children.

UNICEF-94-0866/Lemoyne

A UNICEF-provided community tap supplies citizens of Mostar (Bosnia and Herzegovina) with water. UNICEF has also responded to the crisis with clothing, supplementary food and medical and school supplies.

UNICEF responded with paediatric drugs, vaccines, supplementary food, winter clothing and blankets, school supplies and textbooks, and technical assistance and training for health workers, teachers, school psychologists and social workers.

MAJOR EMERGENCY EXPENDITURES — 1994 (in millions of US dollars)



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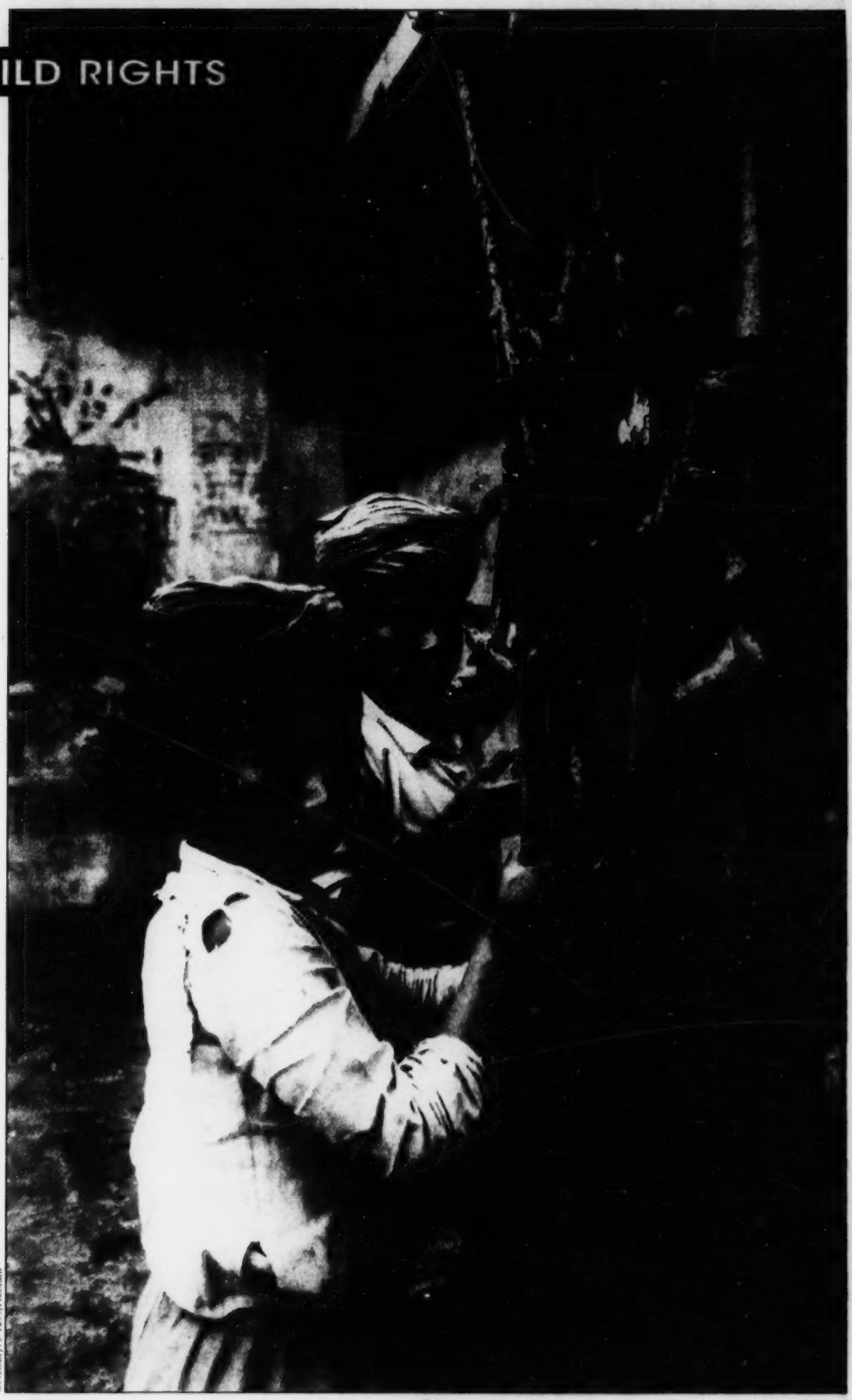
CHILD RIGHTS



UNICEF/93-1255/Noorani

CONVENTION ON THE RIGHTS OF THE CHILD

NINETY per cent of the world's children live in countries that have ratified the Convention on the Rights of the Child. Fourteen nations[1] ratified it in 1994, bringing the total to 168 and raising hopes that the remaining countries[2] would follow suit in 1995.

However, of those that had ratified the Convention, only 50 had reported on their implementation efforts to the Committee on the Rights of the Child. Seventy-five were late in reporting, 57 of them more than a year overdue. The Committee held three review sessions during the year, completing its consideration of 28 country reports. Analysis of the Committee's findings plus information provided by UNICEF offices revealed that:

» 14 countries had enacted laws or initiated efforts to bring legislation into conformity with the Convention's provisions. In five of these countries — Bolivia, Chile, France, Mexico and Peru — the provisions can be invoked in a court of law;

» 10 countries had established bodies charged specifically with responsibility for monitoring the implementation of the Convention;

» 5 countries had allocated resources for the benefit of children;

» governments were showing a willingness to work with NGOs to promote public awareness of children's rights;

» implementation of the Convention had been hampered in some instances by social disruptions caused by economic restructuring, external debt, civil wars and natural disasters.

The third informal regional meeting of the Committee on the Rights of the Child was conducted in sub-Saharan Africa (Nairobi, 10-22 July 1994). Committee members visited governmental and non-governmental organizations in Kenya. Half the Committee members then travelled to South Africa and Zimbabwe; the other half went to Côte d'Ivoire, Ghana and Mali. The Committee then met for an assessment and overview session in Abidjan.

The Committee acquainted itself with key issues affecting children in sub-Saharan Africa, examined the Convention's integration into both UNICEF and national programmes and discussed national compliance. Fruitful discussions were conducted with relevant government ministers in Ghana, Kenya, Mali, South Africa and Zimbabwe. By the year's end, four countries in Africa — Botswana, Somalia, South Africa and Swaziland — had not yet ratified the Convention, although Botswana did so in March 1995. Committee members also met with United Nations agency representatives, NGOs and the media to discuss the importance of coordinating their efforts.

National coalitions have been established to provide alternative channels for reporting to the Committee. NGOs have made contributions such as preparing detailed independent reports on the situation in each country. These reports were delivered to pre-sessional Committee reviews.

UNICEF provided financial assistance to the NGO Group for the Convention on the Rights of the Child in Geneva to publish *A Guide for Non-Governmental Organizations Reporting to the Committee on the Rights of the Child* and helped identify relevant United Nations agencies, NGOs and academic institutions to develop a Convention information network. With financial support from the Norwegian Government, the NGO Voice of the Children International worked with UNICEF and its National Committees to enhance children's participation and empowerment in environmental issues and child rights.

For the first time, the Third Committee (Social, Humanitarian and Cultural) of the United Nations General Assembly devoted a separate agenda item in 1994 to the promotion and protection of children's rights and adopted resolutions on the implementation of the Convention; the protection of children affected by armed conflict; street children; and the pre-

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For these Cambodian girls, childhood means work, and home is a camp for the internally displaced.

UNICEF/5895/Lemoyne

UNICEF/94-0877/Lemoyne

A boy grieves for an older brother killed at the front. UNICEF and the Centre for Human Rights are serving as advisers for a United Nations study on the impact of armed conflict on children.

vention and eradication of the sale of children, child prostitution and child pornography. The resolutions noted UNICEF's role in promoting and protecting those rights and asked the organization to be more active by providing reports and information on specific issues at the Committee's request. In a statement to the Third Committee, the late UNICEF Executive Director James P. Grant emphasized the relevance of the Convention to the work of UNICEF and urged that attention be directed to several protection issues, including child labour, trafficking and sexual exploitation, civil registration and children in armed conflict.

In June, more than 50 Islamic countries, including Saudi Arabia and the Gulf States, attended a UNICEF consultation on the Rights of the Child held in cooperation with the Organization of the Islamic Conference. The meeting focused on States' specific reservations regarding the Convention and possibilities for ratification. By year's end, four countries in the MENA region (Oman, Qatar, Saudi Arabia, United Arab Emirates) had not ratified the Convention, although Qatar did so in April 1995. Of those countries that had neither signed nor ratified, the major concern was the relation between the Convention and the Islamic shariah. This concern prevailed despite the fact that Islamic questions were debated during the second reading of the Convention in Geneva in 1988, resulting in a consensus text that does not contradict the Islamic shariah.

The Consultative Group on Child Rights, appointed by the UNICEF Executive Director in 1990, held its annual meeting in New York (November 1994) to review and advise on policy matters related to implementation of the Convention. The Group consisted of Regional Directors, executive staff, Directors of divisions, staff of the UNICEF International Child Development Centre in Florence, special advisers to the Executive Director, the Child Rights Section and relevant staff from the Executive Office. With universal ratification of the Convention close at hand, the Group's focus shifted towards specific protection issues, including efforts to revise UNICEF policy and programme guidelines to address child labour and prostitution and other flagrant child rights violations. The Group noted a need to provide technical assistance to those governments making legislative reforms in line with the Convention, and to provide training for all UNICEF staff, as well as government and NGO officials, in matters related to the Convention.

Members also emphasized the need for an information base within UNICEF to disseminate country experiences of the Convention through area networks and the Internet. Childnet — UNICEF's four-year-old experimental electronic network — has used its access to the Internet for conferencing and reporting on ratification and implementation. UNICEF staff contributed increasingly to on-line debates on the Convention through Childnet in 1994.

[1] Countries which ratified in 1994 were Afghanistan, Eritrea, Gabon, Georgia, Iran, Iraq, Japan, Kazakhstan, Kyrgyzstan, Luxembourg, Mozambique, Nauru, Samoa, Uzbekistan.

[2] As of 31 December 1994, countries which had not ratified were Andorra, Botswana, Brunei Darussalam, Haiti, Kiribati, Liechtenstein, Malaysia, Netherlands, Oman, Palau, Qatar, Saudi Arabia, Singapore, Solomon Islands, Somalia, South Africa, Swaziland, Switzerland, Tonga, Turkey, Tuvalu, United Arab Emirates, United States.

CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES

THE Convention on the Rights of the Child has become a rallying point for many organizations and individuals concerned with children in especially difficult circumstances (CEDC).

UNICEF attempted throughout the year to integrate child protection into all CEDC programmes, working closely with the Committee on the Rights of the Child. Among the priority concerns were child labour, the impact of war on children, sexual exploitation and childhood disability (*see 'Childhood disability'*).

◆ CHILD LABOUR: Article 32 of the Convention on the Rights of the Child obliges States parties "to recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be haz-

ardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development." It requires governments to set a minimum age for employment, to regulate working hours and conditions and to penalize those who violate labour laws and regulations. Article 32, combined with the Convention's statements on children's right to relevant, quality and free basic education; to be protected against sexual exploitation; and to have their best interests safeguarded at all times, provides the legal-ethical framework within which UNICEF deals with child labour.

The proposed use of trade sanctions and consumer boycotts on goods produced by child labour brought unprecedented global attention to this issue during the year. The exploitation of child labour in export industries stimulated controversial public debate on the rights of working children in poor countries. It was the subject of a UNICEF statement to the United States Senate.

UNICEF will soon implement a general procurement policy whereby the organization will not purchase from companies which do not comply with national labour laws regarding the employment of children. In India, UNICEF has already implemented such a procurement requirement, and in the process stimulated other international agencies and major industrial bodies to consider similar measures (*see profile, 'Childhood for sale'*).

Within the framework of the Convention, UNICEF acts on two fronts. It supports activities that protect working children from abuse and it advocates for the gradual elimination of exploitative child labour.

As an example of the first category, in Bangladesh and India, UNICEF established new alliances with Asian-American trade organizations and a coalition of garment and carpet manufacturers, resulting in a better understanding of the complexity of the child labour issue. Comprehensive policies for the progressive elimination of exploitative practices were proposed.

In the second category, UNICEF works with interested donor countries in support of the search for alternatives, particularly education. Only about 9 per cent of official development assistance is currently directed to education, and less than 25 per cent of that is spent on basic education programmes that could keep the most vulnerable age groups out of the clutches of those who would exploit them.

In September, educators and child labour experts representing ILO, UNICEF and the World Bank elaborated a strategy of universal primary education as the key to removing children from exploitative situations. For such a strategy to be successful, the quality and relevance of primary education need to be improved and some compensatory measures for family incomes need to be established. As the link between labour and education became obvious, UNICEF endeavoured to strengthen collaboration between labour and educational services at country, regional and global levels.

◆ IMPACT OF WAR ON CHILDREN: Organized violence against children in former Yugoslavia and Rwanda during the year made it abundantly clear to the international community that children and women are the main victims of war in most countries today.

UNICEF, together with the Centre for Human Rights, is serving as a technical and administrative secretariat for a special study requested by the United Nations Secretary-General on the impact of armed conflict on children. The two-year study, which is being carried out by Ms. Graça Machel, the former Education Minister and First Lady of Mozambique, will recommend action by the international community in four major areas: the relevance and adequacy of exist-

DEFINING CHILD EXPLOITATION

In 1986, the UNICEF Executive Board approved a child labour policy that specified broad criteria to define the exploitation of child workers. It was determined that children were being exploited if:

- **they were working full time at too early an age;**
- **they were working too many hours;**
- **their work exerted undue physical, social or psychological stress;**
- **they were working and living on the streets under bad conditions;**
- **they were working for inadequate pay;**
- **they were working at jobs with too much responsibility;**
- **their work hampered access to education and was detrimental to their full social and psychological development;**
- **they were performing work that could undermine a child's dignity and self-esteem.**

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UNICEF/94-0589/Press

At a UNICEF-assisted centre for unaccompanied children south-east of Kigali (Rwanda), boys re-enact killings they have witnessed, to help them cope with the psychological trauma.

ing standards; the reinforcement of preventive measures; the protection of children in armed conflict, including the indiscriminate use of all weapons of war, especially anti-personnel landmines; and the promotion of physical and psychological recovery and social reintegration, paying particular attention to measures to ensure proper medical care and adequate nutrition.

Ms. Machel began consultations at the international, regional and national levels to establish parameters for the study, which would involve field visits, case-studies and discussions with government agencies and NGOs, church groups and individuals. An eminent persons' group and a technical advisory group would be asked to provide expertise and act as public advocates.

UNHCR, UNICEF, ICRC and NGOs began advocating for the adoption of an Optional Protocol to the Convention on the Rights of the Child, to raise the age limit from 15 to 18 years for military recruitment or participation in a nation's armed forces. A working group of the Commission on Human Rights is drafting an Optional Protocol.

In Mozambique, the Convention was used to negotiate the release of child soldiers and reunite them with their families. UNICEF supported temporary shelters and rehabilitation services for these children. In an effort to improve programmes to meet the psychosocial needs of children affected by armed conflict, UNICEF also collaborated with universities in the US (Duke, Harvard and Columbia) and with NGOs, including the International Catholic Child Bureau and the International Save the Children Alliance.

With the abolition of apartheid, South Africa has initiated a process to draft a Juvenile Justice Act and formulate legislation to redress the impact of organized violence on children.

✦ SEXUAL EXPLOITATION: Child prostitution gained special attention in the Philippines, Sri Lanka and Thailand, where NGOs advocated for and implemented programmes for the rehabilitation and social reintegration of child victims. UNICEF provided financial support and facilitated networking and advocacy. In Thailand, a number of projects were directed towards preventing child prostitution by providing education and vocational training for girls at risk in both rural and urban areas (*see also the profile, 'Communities mobilize against AIDS'*).

The report of the United Nations Special Rapporteur on the Sale and Trafficking of Children, Child Prostitution and Child Pornography in early 1994 received widespread attention. Among the recommendations by the Special Rapporteur were multidisciplinary, interconnected and integrated strategies; effective enforcement of laws protecting children; and enhancing the quality of the police force and relevant authorities through training and incentives. The Commission on Human Rights adopted a Programme of Action for the Prevention of the Sale of Children in 1992. Key elements included high priority by all appropriate governmental and international agencies to investigating and eliminating sexual exploitation of children; legal reforms such as increasing penalties and passing specific laws concerning the production, distribution and possession of child pornography, and enforcement of all existing laws; and support for prevention and treatment programmes for children at risk.

UNICEF was closely involved in the initial preparations for a World Congress on Commercial Sexual Exploitation of Children, to be held in Sweden in 1996. The meeting will be hosted by the Swedish Government in collaboration with UNICEF and NGOs, including End Child Prostitution in Asian Tourism, the International Catholic Child Bureau and the International Save the Children Alliance.

UNICEF also supported the International Society for the Prevention of Child Abuse and Neglect and its world conference on child abuse, held in Kuala Lumpur in September. Among more than 1,000 participants were government representatives from all over the world, NGOs and the Chairperson of the Committee on the Rights of the Child.

ARTICLE 32:
CONVENTION ON THE RIGHTS OF THE CHILD

Childhood for sale

As many as 200 million of the world's children under 15 years of age spend most of their waking hours at work, sometimes at risk of survival, very often at the expense of their physical and mental development, and the numbers are growing.

Horror stories of child trafficking and prostitution, forced labour and physical abuse in sweatshops, mines, factories, brickyards and domestic servitude are legion. However, not all children who work are exploited, and not all work performed by children is harmful to their development. In many developing and industrialized countries, parents expect their children to help support the family and regard early work experience as a valuable element of education and socialization.

With growing awareness of the dimensions of child labour, political forces in a number of industrial and developing countries have called for strong protective legislation for children in the workforce, including import bans on products known to have been produced with child labour.

Member countries of the South Asian Association for Regional Cooperation (SAARC) discussed the subject in Colombo in 1992 and agreed to the progressive and accelerated elimination of exploitative child labour. They emphasized the importance of replacing labour with formal schooling, although this is a tall order for countries that have slashed social spending programmes as part of economic restructuring.

In August, Indian Prime Minister P.V. Narasimha Rao declared a commitment to free 2 million children from hazardous work by the year 2000. UNICEF will assist the federal and state Governments in developing and implementing programmes for children to be released and rehabilitated from exploitative labour. Enrolling and retaining children in school through promotion of compulsory primary education is the major strategy. Other initiatives include discussions with the carpet industry to establish a 'child labour-free' trademark for rugs.

Bangladesh is an example of the potential conflict between good intentions to eliminate child labour and the poverty-driven need for children to work, without viable alternatives. Estimates of the number of 10- to 14-year-olds working in Bangladesh range from 5.7 million (a government figure) to almost three times that number. The Asian-American Free Labour Institute (AAFLI), an NGO, surveyed Bangladeshi garment factories in 1994 and found that children, like adult workers, were frequently locked in the factories, working 10 to 14 hour days with a half day off on Friday.

However, the export garment industry, which employs as many as 55,000 child workers and exported US$750 million worth of clothing to the United States in 1993, is especially vulnerable to outside pressure. In 1993, fearing US legislation to ban imports made with child labour, employers dismissed about 75 per cent of their child workers, causing great financial hardship to the children and their families. A UNICEF/ILO study later found that many of the children wound up in situations far worse than those they had left.

Under an agreement reached during the year between the concerned NGOs, the Bangladesh Garment Manufacturers Association (BGMA), ILO and UNICEF, all children working in the garment industry would be placed in education programmes. The key elements of the agreement, to be fully implemented by 1 November 1995, include: a ban on the further hiring of children under 15; phased release from employment of all children under 12; full-time education programmes for children under 12; food grants to compensate families for children's lost income; a maximum of 5 hours non-hazardous, non-exploitative work and at least 4 hours school per day for 12- to 14-year-olds (BGMA agreed to pay a full-time wage to children in the education programme); and regular monitoring of all BGMA factories by AAFLI and BGMA to ensure compliance.

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PROGRAMMES

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CHILD HEALTH

PRIMARY HEALTH CARE

UNICEF worked closely with WHO and other partners to expand primary health care (PHC) capacity in the world's poorest communities. Built on the foundation of community participation, the main PHC building blocks are improved maternity care, preventive and curative child care, and referral of complicated cases. UNICEF strove for better linkages between PHC centres and hospitals, especially in paediatric and emergency obstetric care.

Community-level disease surveillance methods were further developed in several programme areas including the Bamako Initiative (Burkina Faso, Cameroon, Guinea, Mali), the eradication of guinea worm disease (Burkina Faso, Cameroon, Mali) and malaria control (Kenya), as were partnerships between the PHC system and women's and youth groups, schools and religious institutions. Youth health promotion programmes were strengthened in 30 countries.

Outbreaks of polio and diphtheria in Central Asia and the Caucasus were painful reminders of the need to maintain access to affordable essential drugs and vaccines and to ensure the sustainability of supply lines.

The International Conference on Population and Development (ICPD) made 1994 a landmark year for women's health, safe motherhood and family planning. A wide consensus on these issues opened the door to closer working relationships with key partners in family planning and safe motherhood and in sexual and reproductive health, including the prevention of sexually transmitted diseases such as HIV/AIDS.

UNICEF continued to address the main causes of under-five mortality, emphasizing disease prevention — with immunization the entry point — and the treatment of acute respiratory infections, diarrhoeal diseases and malaria.

THE BAMAKO INITIATIVE

THE consolidation and expansion of the Bamako Initiative in 1994 was accompanied by greater financial support from UNICEF partners, positive data from pioneer countries and serious reflection on some of the Initiative's main deficiencies. By year's end, 33 countries* were participating in the Initiative.

The two earliest participants in the Initiative, Benin and Guinea, continued in 1994 to provide eloquent testimony to its success. In Guinea, community co-financing and co-management boosted the number of functional health centres from 230 to 295 during the first half of the year, serving about 80 per cent of the population. This in turn helped raise immunization coverage from 55 to 74 per cent in areas where the Initiative was operational. When the Bamako Initiative was launched in 1987, Guinea had only 31 functional health centres, and immunization coverage was less than 5 per cent.

The Bamako Initiative is now the cornerstone of Benin's national health policy, covering 90 per cent of the country through 366 health centres. Revitalized health services lifted immunization coverage from 14 per cent in 1985 to 73 per cent in 1993.

In Benin and Guinea, a number of community-managed health services have been able to generate sufficient resources to cover essential drug costs and recurrent local expenditures, as well as savings for future health investments. In Benin, Cameroon, Guinea, Guinea-Bissau, Mali, Nigeria and Senegal, health centres monitor coverage and analyse problems every six months.

Plans were developed in Benin, Burkina Faso, Cameroon, Guinea and Kenya to improve local governance and to promote better nutrition. In addition, preparatory work was undertaken to upgrade district hospital obstetric care in seven African countries (Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Senegal). Activities will include strengthening services through training and provision of equipment, further decentralizing management and expanding financial access through such schemes as prepaying for services.

In the course of the year, the World Bank channelled a loan of almost US$5 million through UNICEF for implementation of the Initiative in Burkina Faso, and USAID made a grant of almost US$2 million to UNICEF to continue a project in health system development in Cameroon. A consortium of agencies pooled US$60 million for the national health programme in Mali, and UNICEF took the lead in providing the necessary technical assistance.

As an entry point for community co-financing of health services in Asia, a 'training of trainers' workshop, held in March-April in Malaysia,

taught costing and financing of health services. Participants included government officials and UNICEF health officers from Bangladesh, Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia, Nepal, Pakistan, Sri Lanka, Thailand and Viet Nam.

Since 1987, UNICEF has contributed more than US$94 million from general resources to help individual countries implement the Initiative. The funds have been used to purchase essential drugs, set up revolving drug funds, build local institutions and management capacity.

Previously, UNICEF experience through the Initiative was largely confined to facilities in rural areas. However, in 1994, the organization began to work with research institutions to examine the accessibility of health services for the urban poor. Strategies are expected to be developed and implemented in 1995.

In 1994, UNICEF began developing an operations research programme with 21 leading African, American and European research institutions to address a number of issues in 14 African and two Asian countries (Benin, Burkina Faso, Cameroon, Chad, Comoros, Guinea, Kenya, Lao People's Democratic Republic, Mali, Nigeria, Senegal, Tanzania, Uganda, Viet Nam, Zaire, Zambia). The programme will assess community participation, equity of access, quality of health care, performance and motivation of health staff, sustainability of health structures and systems, and drug management and quality assurance. The programme has received supplementary funding from the Governments of Norway and the United Kingdom, and a co-financing relationship has been established with the International Development Research Centre of Canada on proposals put forward by African research institutes.

The scope of the Initiative was extended to address the need for stronger district hospitals and better health care practices at household and community levels. To care for women requiring Caesarean sections, a means must be developed to provide a minimum package of obstetric care. Strategies are also being developed to maximize household and community awareness of health, nutrition and family planning through locally based information systems.

UNICEF helps to promote the rational use of drugs through its publication *The Prescriber*, which is currently available in English, French, Spanish and Portuguese, with an Arabic version planned for 1995. Circulation grew by 5,000 in 1994 to 55,000 copies in 100 countries.

Although the Bamako Initiative has made significant progress in revitalizing and strengthening government-run health systems, a number of major challenges remain. The active involvement of women is essential to the effectiveness and sustainability of the Initiative, but thus far, women have played only a limited role in its implementation, largely because of long-established cultural traditions limiting their influence. Activities to increase their participation will include the involvement of women's groups.

More attention must also be given to access by the very poor. While it has been shown that even poor households are willing to pay moderate fees for quality services, strategies for meeting the needs of the poorest of the poor await development. In many countries, fees are waived for those who are too poor to pay, but clearer guidelines for waivers and exemptions are needed.

Other areas requiring greater attention include rational drug prescription and use, improved case management, better communication between patients and health care providers, and motivation of health workers. The promotion of preventive care at household and community level must also be addressed.

UNICEF/94-0776/Toutounji

Through community participation, UNICEF seeks to strengthen the link between primary health care centres and hospitals.

* Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Mali, Mauritania, Myanmar, Niger, Nigeria, Peru, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Sudan, Togo, Uganda, Viet Nam, Yemen, Zaire, Zambia.

CONTROL OF DIARRHOEAL DISEASES

TWENTY-FIVE years after the discovery of oral rehydration therapy (ORT), diarrhoeal dehydration continued to be a leading cause of child deaths in many developing countries in 1994. Globally, it accounted for 25 per cent of deaths of children under five. Most of these 3.2 million deaths could have been prevented with ORT, proper feeding practices and the appropriate use of antibiotics in the few cases that required them.

However, thanks to special efforts made by many countries to inform the public about the life-saving potential of ORT, the use of oral rehydration salts (ORS) rose by 6 per cent to 44 per cent around the world in 1994. Much of this increase was due to UNICEF-supported ORT/Child Health Weeks in 24 countries*, organized to celebrate the 25th anniversary. These events were designed to educate families, mobilize media, motivate NGOs and persuade professional associations to promote ORT and the rational use of drugs.

Events to mark the 25th anniversary were held in Bangladesh, Mexico, Morocco and the United States. At a meeting in Washington, D.C., UNICEF presented USAID with an award for its long-standing global support of ORT.

UNICEF efforts to enlist support from the private sector bore fruit in a number of areas. Commercial manufacturers in Bangladesh, Bolivia, Egypt and Morocco decided to market their products more assertively, and international agencies agreed to provide them with strong communications support. Under an agreement in Bolivia, manufacturers agreed to market ORS on an unprecedented scale, pharmacists said they would cut their profit margins to reduce the price, and the Government promised to increase education of community health workers and to reduce taxes on ORS raw materials.

Five regional reports on CDD were produced. UNICEF and WHO reviewed the literature on CDD for the past decade to extract lessons that could be applied to future strategies. The review noted, among other things, that while the WHO case-management strategy for CDD was technically sound, data on morbidity and mortality patterns associated with diarrhoeal diseases were generally inadequate, and the majority of people in many countries take their children outside the government health system to village healers, pharmacists and private physicians for treatment. Given the tendency of such doctors to overprescribe antibiotics, CDD monitoring guidelines have been expanded to include an indicator on their use of ORT.

Studies in Bangladesh and the Philippines on family-level care and the use of rehydration fluids prepared at home indicated a need for revised health education activities targeted at a wider family circle. Based on data from Brazil showing that a larger percentage of mothers were preparing home sugar-salt solutions (SSS) correctly than ORS, it was decided not to discourage governments from promoting SSS. (Data previously available to WHO had indicated that mothers were preparing SSS incorrectly.)

Health ministers from member countries of the Economic Cooperation Organization (ECO) attended a meeting in Ankara to discuss ways of reaching the mid-decade goal of 80 per cent ORT usage. The meeting, organized by ECO, UNICEF and WHO, included representatives from the health ministries of Afghanistan, Azerbaijan, Iran, Kazakhstan, Kyrgystan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan.

NGOs and religious leaders also strengthened their alliances with UNICEF. Junior Chamber International was an ORT advocate in 27 countries in 1994 and arranged special ORT sessions for members at four regional meetings as well as at its World Congress in Kobe (Japan). The World Organization of the Scout Movement signed an agreement with UNICEF in May to help countries promote ORT. The group then produced a training and reference guide to be used by Scout leaders internationally. Meetings were held in Bangladesh, Morocco and Pakistan to report progress on the Scouts' community work.

The World Conference on Religion and Peace, an NGO with 1 million members, produced and distributed ORT materials globally. In Ethiopia, UNICEF assisted the Orthodox Church and the Islamic Council to obtain commitments to ORT promotion. Each group has about 400,000 clergy nationwide.

There was encouraging momentum on other fronts as well. Household surveys supported by UNICEF and WHO during the year found that Egypt had regained the 70 per cent ORT usage rate it achieved in 1990, and that Mexico's determination to achieve the mid-decade goal on ORT use had reduced child deaths from diarrhoeal diseases by 56 per cent in just three years.

*Algeria, Bangladesh, Bolivia, Burkina Faso, Cameroon, Djibouti, Ecuador, Egypt, Guinea, India, Indonesia, Iraq, Jordan, Mexico, Morocco, Myanmar, Namibia, Oman, Pakistan, Peru, Philippines, Sudan, Tunisia, Turkey.

ACUTE RESPIRATORY INFECTIONS

ACUTE respiratory infections (ARI) are the leading cause of death among children in developing countries. These infections, particularly pneumonia, claimed the lives of 3.6 million children in the developing world last year, about the same number as in 1993. Respiratory infections were also the cause of 30 to 40 per cent of visits to doctors and health care workers in developing and industrialized countries.

By the end of the year, 83 developing countries had implemented the recommended UNICEF/WHO strategy of controlling ARI by teaching parents to recognize the symptoms and seek early treatment with an appropriate antibiotic. However, surveys of health facilities in 14 countries indicated that health workers were insufficiently trained to recognize and treat respiratory infections.

The goal set at the World Summit for Children is to reduce the ARI death toll by one third by the end of the decade, and UNICEF and WHO continued to support a number of initiatives in 1994 with this objective in mind. They included training and supervision for health workers, education for families and monitoring and evaluating progress. Training materials were produced in English, French and Spanish, and some were also distributed in Arabic, Portuguese and Russian.

Regular communication with health workers was maintained through the newsletter *ARI News*, which is produced in six languages with the support of UNICEF and WHO by the Appropriate Health Resources and Technologies Action Group, a global clearing-house. A combined ARI/CDD newsletter is produced in local languages in Bangladesh, Nepal and Viet Nam.

IMMUNIZATION

A major success of 1994 was the certification of the Americas as free of polio. In addition, global immunization coverage for children under 12 months of age was maintained at 80 per cent for the recommended three doses of DPT and polio. The coverage rate for the third dose of DPT is used as an indicator of immunization performance globally. However, wide disparities in coverage between regions also persisted.

Asia has already attained the year 2000 coverage goal of 90 per cent, and both the Middle East and Latin America and the Caribbean regions are above the 80 per cent level. In comparison, ESARO reported an average coverage level of 61 per cent for DPT and polio, and WCARO achieved coverage of just 36 per cent for these antigens. Lack of infrastructure, coupled with civil strife and financial difficulties, remained serious constraints.

Measles rates range from a low of 39 per cent in the WCARO countries to a high of 91 per cent (EAPRO and the CEE/CIS and Baltic States' regions). Tetanus toxoid 2 had the lowest rate of all antigens (48 per cent).

Countries in East Asia, the Middle East and North Africa also advanced strongly towards eradicating polio. Nearly all countries in the Middle East and the polio-endemic countries of East Asia and the Pacific have increased efforts to improve disease surveillance activities and interrupt wild polio transmission by conducting supplemental immunization activities. UNICEF encouraged countries conducting national polio immunization days to include measles and tetanus wherever possible.

Surveillance systems developed for polio were extended to cover measles, tetanus and other antigens as well. The strategy for elimination of neonatal tetanus was revised in 1994. Instead of universal immunization for pregnant women, the goal is now to immunize all women of childbearing age in high-risk areas.

◆ CHILDREN'S VACCINE INITIATIVE: UNICEF and WHO collaborated closely in the production, quality control and supply of vaccines, and vaccination teams visited Bangladesh, Nepal, Tanzania and Zimbabwe to assist with vaccine forecasting and long-range plans for supply and financing. Using its 1993 study of the global vaccine market, UNICEF continued working with manufacturers and others to improve the procurement of new and better vaccines at low prices. A UNICEF policy document in 1994 addressed the sustainability of the expanded programme on immunization (EPI). It recommended encouraging governments to increase their responsibility for planning and financing immunization campaigns.

◆ VACCINE INDEPENDENCE INITIATIVE: This initiative helps governments to finance vaccines and to procure them through the UNICEF Supply Division, using a revolving fund to bridge the time between payments. Countries can reimburse the fund in local or hard currency. Bangladesh, Burundi, Morocco and the Philippines took advantage of this option in 1994, and several others, including Ghana,

the Pacific Island countries and Tanzania, explored the possibility of participating in 1995. The countries of Eastern Europe, as well as Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan, with support from Japan, also signed agreements with UNICEF to assume financial responsibility for their vaccine purchases by the end of the decade.

Tolmie

A boy receives polio vaccine in a Bogota neighbourhood during a UNICEF-assisted immunization campaign.

AIDS AND CHILDREN

IMPROVEMENTS in child survival rates are being threatened in many developing countries by rising HIV infection rates among the young and the erosion of care and resources available to them as their parents succumb to AIDS. In several African countries, AIDS is overtaking measles and malaria as a leading killer of children, and hard-won gains in reducing child mortality are at risk.

The Center for International Research at the US Census Bureau projects that in Zambia, the under-five mortality rate of 133.6 per 1,000 live births in 1990 will reach 164 per 1,000 by the year 2000. In Zimbabwe, AIDS has become the leading cause of death among the nation's under-five-year-olds.

About 1 million children globally are infected with HIV, and 4.5 million men, women and children have developed AIDS. Most of the young children who are infected will die before their fifth birthday. According to WHO, the global AIDS epidemic is advancing at a rate of 6,000 new infections a day, and by the end of the current decade 40 million people will carry the virus.

It is not only the infected who suffer from the effects of this epidemic. Families, friends, local communities, health care services and national economies all share the burden. WHO estimates that by the year 2000, as many as 10 million children will have lost one or both parents to AIDS, leaving them dependent, physically and emotionally, on extended families and the goodwill of others.

Many poor communities have been overwhelmed by the need to provide health care for AIDS victims. They are also being drained economically by the loss of productivity from the sick and dying, most of whom are in the prime of life, and by the diversion of caregivers and foster-parents from other important activities. In sub-Saharan Africa, about 1 adult in 40 is infected with HIV. In some cities, the rate is 1 in 3. In Thailand, the rate is 1 in 50. If current trends continue, infection rates among Asians will exceed those in Africa within five years.

The current best hope for containing the AIDS epidemic resides with prevention, primarily through public education. Sixty per cent of new HIV infections are occurring in the 15–24 age group, driven by a range of socio-economic and cultural factors ranging from poverty to the low status of women and young people. UNICEF responses focus on five overlapping areas: youth health and development; sexual and reproductive health; family and community care; school-based interventions; and mass communications and mobilization. UNICEF experience in these areas in 32 countries over the past two years has led to the development of regional networks, not only for HIV/AIDS prevention and control, but also for health and development programming for women and youth in general.

UNICEF efforts in mass communication and social mobilization during 1994 helped develop a dialogue between youth and policy makers through the media and other channels in Côte d'Ivoire, Egypt, Honduras, Kenya, Senegal and South Africa. In Côte d'Ivoire, UNICEF worked with the national radio on a series of programmes that combined popular music with conversations among young people on sexual health issues. In Honduras, UNICEF supported the development of a women's NGO to work with young people and the media on youth health and HIV/AIDS concerns. In Burundi, Cameroon, Mali, Thailand and the Caribbean, support was given to youth health programmes introduced through the school system. Zimbabwe has been a leader in this field by fully integrating sexual and reproductive health education into its school curriculum.

CHILD PROTECTION

Communities mobilize against AIDS

Over the past dozen years, innovative strategies have been tried and refined to reduce the spread of HIV infection, treat and comfort the sick, and help children and other surviving family members rebuild their lives. Now these UNICEF-supported activities are beginning to bear fruit.

A programme in Thailand, which has the greatest number of reported AIDS cases in Asia, aims to prevent vulnerable teenagers being manipulated into prostitution. Agents from Bangkok's brothels routinely take advantage of the poverty of the rural north to lure adolescent girls into sex work for a meagre sum. An estimated 80,000 girls under age 18 are employed in Thailand's sex industry and at high risk of being infected with HIV.

For the past six years, though, the Daughters' Education Programme has been a source of hope, providing education, vocational training and leadership skills. Acceptance of a limited future has given way to optimism and ambition: Jixapron wants to become a doctor; Sakuloate is interested in journalism. Patang says, "I would set up a school for those children who have no school to go to."

In Myanmar, second only to Thailand in terms of reported AIDS cases in Asia, UNICEF is helping to strengthen services for diagnosis and treatment of sexually transmitted diseases and provide HIV/AIDS education and counselling in 'user-friendly' clinics, staffed by volunteer general practitioners and specially trained peer counsellors. The clinics are designed to attract at-risk young men. The project, now operational in 15 townships, also aims to teach life skills to an estimated 2,000 young people who will then serve as peer educators on HIV/AIDS prevention.

Honduras has 17 per cent of Central America's population but an alarming 57 per cent of the region's AIDS cases. Prevention activities here are aimed at reducing HIV/AIDS transmission among urban teenagers. In San Pedro Sula, the city with the highest prevalence of HIV, an AIDS information centre has been established. Theatre productions, children's art competitions, puppet workshops, folk dances, concerts and festivals are among the strategies used to attract the community.

Sub-Saharan Africa is the hardest-hit region in the world, with 67 per cent of all AIDS cases. In South Africa, a multimedia entertainment and health promotion initiative called *Soul City* has raised awareness about the need to change social norms and individual behaviours. It incorporates a television series that uses established soap-opera themes to broadcast information on key health issues and to provide role models for safe and responsible sexual behaviour. A recent evaluation revealed that the series was as popular among young people as the most successful soap opera in the country. The programme also provides a radio version and press materials.

AIDS has become the leading cause of adult death in Uganda. The number of orphans is staggering: projections indicate that the country will have 1.5 million orphans by the year 2010. The epicentre of the epidemic is the district of Rakai, where almost 13 per cent of children under 18 are orphans. As pressure on the extended family system increases, the local tradition of collective effort is leading to ways of providing for children's immediate needs and helping them prepare to support themselves in the future.

Rudeser (Rural Development Services), a local NGO, operates a home-care and nursing programme for over 340 people with AIDS and their families. With funding from UNICEF, Rudeser offers training and apprenticeships in a wide range of skills. Most of the participants are teenagers with family members who are assisted through the home-care programme. The young people learn brick-making and masonry, carpentry, tailoring, metalwork and pottery. They also learn to make bark cloth — all the more poignant considering that bark cloth is the material used as a shroud for the dead. Sadly, AIDS is providing an outlet for this traditional skill.

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UNICEF/93-1229/Andrew

Mother and daughter, AIDS victims in northern Malawi, comfort each other. UNICEF-supported efforts include care for those infected as well as awareness-raising and prevention.

In Bangladesh, Mauritania, the Philippines and Uganda, UNICEF supported, through NGOs, innovative programmes that involved youth in designing and implementing activities to reduce the vulnerability of young people to sexually transmitted diseases (STDs), HIV and other problems. In the Philippines, UNICEF worked with NGOs and the private sector to incorporate youth health, including HIV/AIDS, in the national health policy.

In Zambia, the strengthening of services to prevent and control syphilis among women has helped to involve men in antenatal care, facilitate discussion of reproductive health issues and mobilize the support of policy makers for youth-friendly STD services. In Myanmar, UNICEF has also created public awareness of AIDS through support for such services.

UNICEF assistance in 1994 for community care programmes that addressed the special needs of children affected by AIDS included the development and strengthening of NGO networks (Uganda), foster care for children orphaned by AIDS (Uganda, Zambia), education for orphans (Kenya, Tanzania, Zambia), better access to basic health care and services (Congo, Ghana) and the development and maintenance of foster homes (Rwanda, Thailand).

CHILDHOOD DISABILITY

MOST disabilities in the developing world are preventable, and the spread of immunization, improved nutrition and safe motherhood programmes have saved millions of children from polio, cretinism, blindness and birth defects. At the same time, though, the absolute number of disabled children is increasing due to population growth, an increasing number of injuries from accidents and armed conflicts, and medical advances that keep alive some disabled children who previously could not have survived.

UNICEF efforts to improve the quality of life for children with disabilities concentrated during the year on home and community-based interventions and capacity-building, including support to the Federation of Disabled Persons in Nepal, the expansion and evaluation of community-based rehabilitation activities and strategies to integrate disabled children into primary education systems, such as those being developed by India's National Council for Educational Research and Training. Less than 2 per cent of disabled children in developing countries currently attend school.

China, Dominica, Jamaica, Mongolia and Sri Lanka have expanded community-based rehabilitation services and the training of parents and community workers in early detection and stimulation. Mozambique and Nepal have supported national organizations of disabled people as well as training for NGOs. The main focus in Angola, Belize, Ethiopia, India, Nicaragua and Panama has been on integrated primary education for children with disabilities. UNICEF has supported outreach efforts in Belize, teacher training and development of learning materials for students with hearing and vision impairments in Ethiopia, and student evaluation efforts in Nicaragua.

In countries with many land-mine victims, such as El Salvador and Liberia, the production of low-cost artificial limbs and other devices has been accompanied by public warnings about the dangers posed by abandoned land-mines. For many of these countries, however, the lack of trained community workers, parents and volunteers remains a major constraint. UNICEF has assisted the training of 15,000 children and 3,000 adults in mine-awareness techniques in El Salvador, and a centre for production of prosthetics for children in Liberia (*see also 'Emergency countries'*).

Thirty countries submitted proposals for additional funding in 1994. Children in war-affected

This boy in a hospital in Preah Vihear province (Cambodia) is still stunned by being maimed in a land-mine explosion. Children so disabled need psychological counselling as well as prosthetics.

UNICEF/93-0628/Isaac

countries — including Afghanistan, Bosnia and Herzegovina, Cambodia, Croatia, Guatemala, El Salvador, Iraq, Liberia, Mozambique and the Sudan — need additional support for a range of services including psychological counselling and artificial limbs. China has ambitious plans to expand community-based rehabilitation to serve children with hearing, vision and mental disabilities. Sri Lanka intends to train 10,000 workers and volunteers, and Jamaica wants to develop its early detection capacity and provide rehabilitation services for 32,000 disabled children. Pakistan plans to assist some 5 million disabled children under 14. Integration into the community and training for disabled children are also among the social priorities in Albania, Botswana, Georgia and Romania.

NUTRITION

RESEARCH funded by UNICEF in 1994 showed that malnutrition, through interaction with infectious diseases, is an important factor in more than half of the deaths of children under five years old in the developing world. The findings, based on data from six developing countries (Bangladesh, India, Indonesia, Malawi, Papua New Guinea, Tanzania), have contributed to a better understanding of nutrition's role in the survival and development prospects of the world's estimated 200 million underweight preschoolers.

Not only was the mortality figure much higher than previously thought, but researchers determined also that the greatest influence on mortality is from mild and moderate forms of malnutrition — a finding that supports UNICEF efforts to focus on the milder manifestations of malnutrition as well as its severe forms.

Malnutrition is not simply a reflection of the amount of food available in a household. The UNICEF nutrition strategy embraces the concept that malnutrition derives from interrelated factors, including lack of access to adequate quantities of good food and to health services, as well as the quality of the environment and the way young children are fed.

UNICEF experience has shown that effective strategies to reduce malnutrition require regular assessment of its causes, with the active participation of the households and communities affected.

The nutrition strategy provided a framework for UNICEF activities and inter-agency programmes in many countries during the year. Among the programmes UNICEF assisted were those in Bangladesh and Viet Nam, where UNICEF worked in cooperation with the World Bank; Burkina Faso and Uganda, where the strategy was used to formulate new five-year programmes that will be presented to the Executive Board in 1995; and Tunisia, where district-level problem assessment was introduced.

In September, a meeting was held in Kathmandu to explore ways of accelerating implementation of the UNICEF strategy in South Asia, the region with the largest number of malnourished children. Participants affirmed that mobilizing the community, including residents, NGOs and government officials, to develop locally appropriate strategies is the most important first step.

UNICEF/93-1010/Press

Fish broth provides some sustenance to a child at a feeding centre.

IODINE DEFICIENCY DISORDERS

1.6 billion new customers for an old technology

Guided by nutrition experts in the 1920s, the Governments of Switzerland and the United States made one of the most cost-effective decisions in medical history by requiring salt producers to fortify their supplies with iodine. For a sum that today amounts to approximately 5 cents per person per year, countless mothers were spared the agony of miscarriages, stillbirths and neonatal deaths caused by iodine deficiency in their diet during early pregnancy. It also spared families the tragedy of a child born with, or acquiring, permanent physical and mental handicaps.

Knowing that the lack of minute amounts of iodine in the diet caused health problems ranging from goitre to cretinism, other countries also began to fortify salt supplies with potassium iodate. But 75 years later, many millions of families, for want of similar action, continue to suffer the crippling consequences of iodine deficiency.

About 1.6 billion people, many of them in developing countries, remain at risk of IDD. Most live in hilly or flood-prone regions where iodine tends to be washed out of the soil and is missing from the food they eat and the pastures on which livestock feed. Of those at risk, 655 million suffer from goitre, IDD's most obvious sign, marked by swelling of the thyroid gland. Even in mild form, goitre is associated with some mental impairment.

The elimination of iodine deficiency disorders by the year 2000 was one of 27 goals adopted by government leaders at the 1990 World Summit for Children — an intention later reinforced by a decision to attempt to iodize at least 95 per cent of all edible salt supplies in all countries by the end of 1995.

Most of the 94 countries with IDD problems are implementing national plans for salt iodization, and 58 of those, where 60 per cent of the developing world's children live, are on track for achieving the 95 per cent goal. With greater effort, another 32 countries could also meet that target. At current rates of progress, only four countries in the group are considered unlikely to make the grade.

Ten out of 17 countries in the Middle East and North Africa are expected to iodize all salt supplies by the end of 1995, and 7 out of 20 Asian countries, including Bangladesh and India, are also within a year of attaining their goals. In Central and South America, all countries, with the possible exception of Haiti, are likely to meet the mid-decade goals. In sub-Saharan Africa, 28 of the 39 affected countries are making progress and, in this grouping, 16 nations of the Economic Community of West African States have prohibited the import and export of uniodized salt.

In 1994, a UNICEF survey revealed that, among 132 countries with populations greater than 1 million, 109 recognized IDD as a problem. Only 10 of the 145 countries that submitted returns reported that it was not a public health problem, while 13 did not identify the extent of the problem. The survey found that more than 70 per cent of salt was iodized in the Americas and Caribbean, nearly 70 per cent in West Africa, and more than 50 per cent in South Asia, but only 31 per cent was iodized in East Asia and the Pacific. Thailand, however, was found to be iodizing 50 per cent of its edible salt and making solid headway towards the mid-decade goal. Major efforts were also reported by Governments, UNICEF and other partners in Indonesia, the Philippines and Viet Nam. As of October 1994, only 20 of the countries surveyed did not have laws requiring that salt be iodized or have such legislation in the process of being enacted.

Assistance to national IDD programmes has come mainly from Canada, UNICEF and the International Council for the Control of Iodine Deficiency Disorders (ICCIDD), together with investments by bilateral agencies in Australia for China and South-East Asia; Belgium for Africa and Ecuador; France for West Africa; and Germany for Ethiopia. The Programme Against Micronutrient Malnutrition (PAMM) has trained multi-professional teams in 35 countries to combat micronutrient malnutrition.

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STAFF IN UNICEF OFFICES (December 1994)

HEADQUARTERS	TOTAL
USA	798
Australia	2
Belgium	1
Denmark	163
France	9
Italy	16
Japan	9
Switzerland	168

AMERICAS AND THE CARIBBEAN	
Argentina	20
Barbados	21
Belize	8
Bolivia	69
Brazil	109
Chile	21
Colombia	89[1]
Costa Rica	7
Cuba	4
Dominican Republic	28
Ecuador	44
El Salvador	16
Guatemala	83
Guyana	10
Haiti	41
Honduras	21
Jamaica	20
Mexico	37
Nicaragua	39
Panama	7
Paraguay	13
Peru	49
Uruguay	1
Venezuela	14

CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES, AND BALTIC STATES	
Afghanistan	76
Albania	3
Armenia	1
Azerbaijan	5
Bosnia and Herzegovina	4
Croatia	42
Former Yugoslav Rep. of Macedonia	3
Kazakhstan	2
Kyrgyzstan	2
Romania	8
Serbia and Montenegro	8
Tajikistan	3
Turkmenistan	2
Uzbekistan	2

WEST AND CENTRAL AFRICA	
Benin	46
Burkina Faso	53
Cameroon	43
Cape Verde	23
Central African Republic	28
Chad	60
Congo	32
Côte d'Ivoire	90[1]
Equatorial Guinea	18
Gabon	4
Gambia	17
Ghana	53
Guinea	40
Guinea-Bissau	34
Liberia	106
Mali	166
Mauritania	32
Niger	38
Nigeria	181
Senegal	43
Sierra Leone	57
Togo	25
Zaire	115

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MIDDLE EAST AND NORTH AFRICA

Algeria	13
Bahrain	2
Djibouti	12
Egypt	62
Gaza	1
Iran, Islamic Republic of	21
Iraq	88
Jerusalem	17
Jordan	85[1]
Lebanon	35
Libya	1
Morocco	30
Oman	15
Saudi Arabia	16
Sudan	178
Syria	15
Tunisia	17
Turkey	26
Yemen	36

EASTERN AND SOUTHERN AFRICA

Angola	150
Botswana	18
Burundi	56
Comoros	14
Eritrea	33
Ethiopia	136
Kenya	414[1,2]
Lesotho	26
Madagascar	90
Malawi	60
Mauritius	11
Mozambique	159
Namibia	37
Rwanda	66
Sao Tome and Principe	7
Somalia	133
South Africa	29
Swaziland	16
Uganda	118
United Republic of Tanzania	103
Zambia	53
Zimbabwe	56

EAST ASIA AND THE PACIFIC

Cambodia	110
China	16
Fiji	15
Indonesia	100
Lao People's Dem. Rep.	45
Malaysia	4
Mongolia	7
Myanmar	72
Papua New Guinea	14
Philippines	77
Singapore	7
Thailand	86[1]
Viet Nam	65

SOUTH ASIA

Bangladesh	238
Bhutan	22
India	345
Maldives	8
Nepal	136[1]
Pakistan	183
Sri Lanka	48

1. Combines total of staff for UNICEF country and regional offices.
2. Includes staff for Operation Lifeline Sudan (OLS).

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MICRONUTRIENTS

◆ IODINE: Iodine deficiency disorders (IDD) were recognized as a public health problem in 109 of the 132 countries surveyed by UNICEF in 1994, and efforts were under way to determine the extent of the problem elsewhere (*see also the profile, '1.6 billion new customers for an old technology'*). Rapid progress towards the universal iodization of salt continued in all regions.

In Latin America and the Caribbean, it was estimated that more than 70 per cent of edible salt was already iodized, and in South Asia the figure was more than 50 per cent. An increasing number of states in India were enforcing bans on trade in uniodized salt, all salt producers in Bangladesh were installing iodization equipment, and an iodized salt support facility was being established in Pakistan. In China, the Government made a commitment that at least 75 per cent of the country's salt would be iodized by the end of 1995 and universal iodization would be achieved by the end of 1996. UNICEF continued its work with UNDP, WHO and the World Bank to help the Government meet those goals.

Although nearly 70 per cent of edible salt is iodized in West Africa, most of it is imported by, and consumed in, Nigeria, the most populous country in the region. Many other African countries are supplied by a profusion of small producers whose participation in salt iodization programmes can be more expensive to administer and difficult to organize and monitor. But a strategy based on successes with iodization programmes for small producers in Latin America and Bangladesh was developed in 1994 to begin to address these problems.

◆ VITAMIN A: Progress has been made in many countries to reduce vitamin A deficiency, a well-known cause of childhood blindness. And other important links between the deficiency and childhood health problems continue to be discovered. Inadequate vitamin A intake can cause severe diarrhoea, and there is evidence that mortality among children under six months can be markedly reduced by improving vitamin A intake by young infants and breastfeeding mothers. A consensus is also emerging that more attention should be paid to marginal vitamin A deficiency in pregnant women. This deficiency is believed to be more prevalent than previously thought, and it has important consequences for child development.

During the year, UNICEF supported surveys to determine the extent of vitamin A deficiency in a number of countries, including Kenya and South Africa. High-dose vitamin A capsules were distributed at the time of measles immunization in the Philippines and Viet Nam. Many UNICEF offices supported other measures, including fortification of staple foods, social marketing of low-dose supplements and family gardening activities. The Canadian Government and the Micronutrient Initiative of Canada supported the introduction of innovative approaches to vitamin A supplementation in 10 UNICEF country programmes. A UNICEF/WHO strategy to combat vitamin A deficiency was endorsed in 1994 by the Joint Committee on Health Policy.

KIWANIANS: SALT OF THE EARTH

The service club, Kiwanis International, with 327,000 members worldwide, is conducting a global fund-raising campaign in partnership with UNICEF. The goal of the campaign is to eliminate iodine deficiency disorders by the year 2000. Many of the 8,600 Kiwanis clubs have initiated innovative activities to raise funds.

In Anacortes, Washington, Kiwanians are funding a complete salt iodization facility. To raise the US$50,000 cost, they are donating three years' worth of profits from the Kiwanis Thrift Shop, which collects and resells used furniture and clothing. In Wyandotte, Michigan, Kiwanis members developed a board game about their town with the goal of raising US$5,000 for IDD. The game was so successful that profits amounted to more than US$10,000.

A Kiwanis affiliate club at a high school in Rochester, Michigan, raised US$800 by selling student labour to local organizations for 24 hours. Kiwanis affiliates in colleges have raised US$30,000 with various projects.

In Sendai (Japan), the local club is sponsoring concerts to raise funds. The Kiwanis clubs of Italy raised US$25,000 with sponsorship of the Italian Volleyball Cup Final.

Many Kiwanis members also make individual contributions — so far 400 of them have made gifts of US$1,000 or more to the IDD campaign.

BREASTFEEDING

A major global milestone was passed at the 47th World Health Assembly (WHA) in May when the United States Government ended 13 years of opposition to the 1981 International Code of Marketing of Breastmilk Substitutes. The Code has now been endorsed by all 178 member States of WHA, the technical decision-making body of WHO. A resolution was also passed recommending that governmental action to end distribution of free and low-cost breastmilk substitutes should apply to all parts of the

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health system. Equally significant was the resolution's emphasis on the importance of exclusive breastfeeding for about the first six months of life.

Between 1993 and 1994, the number of baby-friendly hospitals more than tripled. By year's end, about 3,000 health facilities worldwide displayed the distinctive baby-friendly plaque that signifies a 'gold standard' of care for mothers and babies.

Thousands of other maternity facilities have indicated that they will also work towards the 'Ten Steps to Successful Breastfeeding' recommended by UNICEF and WHO and will stop distributing free or low-cost supplies of breastmilk substitutes. By the end of 1994, virtually all developing countries had taken steps to prohibit manufacturers and distributors from marketing their products through maternity facilities.

To mark World Breastfeeding Week in August, the UNICEF Executive Director urged medical professionals to take a 'Physician's Pledge to Protect, Promote and Support Breastfeeding', and by the end of the year more than 24,000 physicians in 72 countries had promised their support.

WATER AND ENVIRONMENTAL SANITATION

MOST countries in Asia and Latin America are expected to achieve their mid-decade water supply goals in 1995, but coverage in Africa will remain low unless major efforts are made to mobilize resources and develop local capacity. Despite expansion of sanitation services in some areas, the availability of facilities continued to fall behind community needs in all regions in 1994, undermining efforts to improve child health.

The persistence of high infant and child mortality resulting from water-borne diseases and lack of sanitation in unserved areas demands that future water and environmental sanitation (WATSAN) programmes put increased emphasis on sanitation, the promotion of healthy hygiene practices and the integration of WATSAN interventions with health, nutrition and education activities. Measurable indicators for sanitation and hygiene-related problems must also be developed for use in situation analyses to better illustrate the social and economic benefits of safe water and sanitation.

During the year, UNICEF supported national efforts to achieve water supply and sanitation goals in about 100 developing countries. Although the scope of its assistance varied from country to country, UNICEF funded capacity-building, planning and policy formulation, promotion of hygiene education, application of appropriate technologies, and monitoring and evaluation. UNICEF also supported studies on cost reduction and cost-effectiveness, the time and energy communities devote to water collection, and hygiene practices.

WATSAN global funds supported a number of innovative projects. These included case-studies in Burkina Faso, Honduras, Turkey and Viet Nam to analyse and improve hygiene practices and a project in Swaziland to build latrines in 40 schools and 10 clinics and promote the personal hygiene practices of 12,000 schoolchildren and 5,000 clinic patients.

In Africa, UNICEF has adopted a two-pronged approach to water supply and sanitation, based on:

» Introducing low-cost, low-technology systems in conjunction with government, NGOs and the local community where the unserved population exceeds 10 million people (Ethiopia, Kenya, Morocco, Mozambique, Nigeria, South Africa, Uganda, Tanzania, Zaire);

» Helping countries that have been the most successful in providing these services to their people (Botswana, Burkina Faso, Comoros, Côte d'Ivoire, Gabon, Gambia, Swaziland, Zimbabwe) to reach the mid-decade goals and accelerate efforts aimed at universal coverage.

The crisis in Rwanda in mid-year challenged WATSAN staff as never before. A cholera epidemic, spread by contaminated water and the absence of sanitation facilities in refugee camps around the town of Goma (Zaire), threatened more than a million people and claimed as many as 12,000 lives in a matter of weeks. The epidemic resulted from the absence of infrastructure or services in 13 camps with populations as high as 500,000, which forced residents to gather contaminated water from Lake Kivu and from open ponds during the first 10 days of the emergency.

Because the camps were located on a bed of volcanic rock, it was also extremely difficult to dig latrines or bury the dead. UNICEF teamed with UNHCR, WHO, key bilateral and multilateral agencies and NGOs to fly in water-drilling rigs, pumps, pipes, purification chemicals and other

equipment, as well as WATSAN technicians from elsewhere in the region (*see also 'Emergency countries'*). Close coordination, including the careful assignment of responsibilities to avoid duplication and confusion, enabled this emergency operation to provide sufficient safe water for everyone within weeks and to reduce the cholera fatality rate from 14 per cent to less than 1 per cent by the end of August.

In Asia, the main emphasis of WATSAN programmes shifted towards environmental sanitation and hygiene education, especially in Bangladesh, China, India, Indonesia, Nepal, Pakistan, the Philippines and Viet Nam. A similar emphasis was evident in Latin America and the Caribbean.

In March, a Global Consultation on Water and Environmental Sanitation took place in Bangalore (India) to review progress and help develop a new WATSAN policy for the rest of the 1990s and beyond. It was agreed that more emphasis would be placed on the health and development benefits of water supply and sanitation programmes and their links with environmental protection as part of the overall child survival, development and protection goals.

SUSTAINABLE HUMAN DEVELOPMENT

THE urgent need to raise living standards without jeopardizing the environment's capacity to sustain future generations was a priority for UNICEF programming in 1994. Interventions related to primary environmental care (PEC) increased significantly during the year, and some have already borne fruit.

Nine countries in the western Sahel — Burkina Faso, Cape Verde, Chad, the Gambia, Guinea-Bissau, Mali, Mauritania, Niger and Senegal — integrated PEC components into UNICEF-assisted country programmes. Some of the activities aimed at reducing the workload of women who are responsible for collecting water, fuel and fodder and for producing and processing food; increasing the use of alternative energy sources, including solid wastes and solar and wind power; and promoting awareness among school-age children, teachers and parents of the fragile balance between their demands on the environment and nature's capacity to provide.

In Nepal, the UNICEF office supported activities at about 70 sites to improve the fuel efficiency of cooking stoves; construct sanitary latrines; establish tree and vegetable nurseries; and encourage composting and the use of biogas. About 22,000 low-income families benefited from these activities in 1994.

An agrosylviculture project in the northern Brazilian state of Pará sought to improve nutrition among children and women through the diversification of agricultural crops and the sale of surplus produce to raise family income. By introducing about 130 improved plant species native to the region, together with agroforestry technologies, the project also contributed to the preservation of the Amazon rain forest and natural habitats. Women and children from about 400 families were involved in the project.

Burkina Faso, Chad, Madagascar and Pakistan integrated PEC activities into their programmes, and Ethiopia, Lesotho, Nepal, Oman and Viet Nam were also exploring this possibility.

In Brasil, UNICEF continued to support a waste-paper recycling business operated by schoolchildren in Recife, Olinda and 15 municipalities in the state of Pernambuco. The children produced notebooks, sheets of paper, and various teaching aids that reduced expenses for their schools and their parents. Their business expanded when people in surrounding communities placed orders for recycled paper envelopes, table napkins and gift boxes. Coordinated by a liaison group at the state level, the project contributed to increased cleanliness at home, in school and in surrounding areas.

In Guayaquil (Ecuador), seven ecological youth clubs entered the second phase of a UNICEF-supported project to preserve and restore the ecology of the Salado estuary. The project included training workshops for 150 children and young people, public information activities and community conservation efforts. Another ecology project in the Amazon area of Ecuador, called 'A big example starting with the smallest children', involved similar activities.

In Bolivia, indigenous teachers from 14 Amazon ethnic groups were trained in bilingual education, cultural awareness and environmental protection. A children's book on the Amazon environment, entitled *Our Big Home*, was developed by the Confederación Indígena del Oriente and UNICEF to create environmental awareness among children. The book used the pictures,

words and drawings of children who took part in 1990 in a long march by indigenous people asking for territory and dignity. Indigenous organizations were directly involved in all phases of the project.

An NGO, Voice of the Children International Campaign, acted as coordinator of a UNICEF initiative to encourage NGOs in Africa, Asia and Latin America to promote the participation of children and youth in local action for the environment, peace and child rights.

On 21 April, the book *Rescue Mission: Planet Earth, A Children's Edition of Agenda 21*, which describes the plan of action of the 'Earth Summit' in terms accessible to children, was formally launched at United Nations Headquarters. It was coordinated by an NGO, Peace Child International, with sponsorship from UNDP, UNEP, UNESCO and UNICEF. More than 10,000 children from 75 countries participated in the preparation of the book by highlighting relevant issues of Agenda 21, interviewing prominent people and contributing case-studies, poems and paintings. It was translated from English into 15 languages. More than 161,000 copies were in print at the end of 1994.

Internationally recognized experts from Johns Hopkins University and an NGO, Future Generation, produced a valuable study entitled 'Community Based Sustainable Human Development'. It draws on global experiences to articulate ways of 'going to scale' with sustainable human development.

UNICEF participated in the United Nations Global Conference on the Sustainable Development of Small Island Developing States (Barbados) and contributed to task managers' reports on follow-up to Agenda 21, in conjunction with the Commission on Sustainable Development.

BASIC EDUCATION

MOST countries in East Asia and Latin America and a few in the Middle East and Africa achieved their mid-decade primary school enrolment goals by the end of 1994, but many other countries are still struggling. Even for those that have reached the goal, getting children into the classroom door is just a beginning.

Educational achievement is ultimately measured by the numbers who remain in school and the quality of the education they receive. Far too many of the students who are marked present on school rosters find themselves in ill-equipped classrooms with teachers who have had little or no training. Many drop out before learning to read and write because of competing responsibilities at home, or because the things they are taught at school appear to have little application to their daily lives.

Data gathered by UNICEF and its partners in the quest for universal primary education indicate that more than half the world's developing countries remain well short of the critical objective of providing functional learning environments for their children.

Thus, the revitalization of primary schools is an important element of UNICEF-supported programmes. In India, a teacher empowerment project in Madhya Pradesh has helped transform schools in preparing teaching aids, training new teachers and enlivening classrooms. In Myanmar, a special programme has strengthened ties between schools and community organizations in order to identify and enrol children who do not attend school. A programme in Cambodia has helped develop new curricula and republish textbooks. 'A Focus on Education for All in Africa' was launched during the year by UNDP, UNESCO, UNFPA, UNICEF, the World Bank and African ministers of education to make adequate resources available to national education programmes in a systematic way.

UNICEF supports an innovative multigrade teaching and learning programme in Chile, the Dominican Republic, Guatemala, Honduras and Peru. In Ecuador, a 'Reading First' programme has been introduced to overcome high repetition rates in the first two grades of primary school. 'Education for Peace' has been built into nation-

UNICEF/93-1703/Lemoyne

5.3

UNICEF places particular emphasis on assistance to girls' education.

al curricula in Burundi and Liberia. During the year, UNICEF supported the training and upgrading of teachers, principals, supervisors, district education officers and teacher trainers in Burundi, Cambodia, China, Ghana, the Lao People's Democratic Republic, Myanmar and Zambia. The formation and training of village education committees, school management committees and learning coordinators also had UNICEF support in Nepal, Nigeria and Pakistan.

Girls' education continued to dominate the programme focus in South Asia, sub-Saharan Africa and the Middle East. Programmes focusing on girls were implemented in Bangladesh, India, Nepal and Pakistan, in South Asia; Burkina Faso, Eritrea, Ghana, Guinea, Kenya, Malawi and Senegal, in sub-Saharan Africa; and Djibouti, Egypt, Morocco, the Sudan, Turkey and Yemen, in the Middle East and North Africa.

UNICEF collaborated with the Canadian International Development Agency (CIDA) on a comprehensive primary education programme for girls in 15 African countries; with UNESCO for a round table on girls' education in the Middle East and North Africa region; and with the World Bank for an Asian regional seminar on girls' education in Guilin (China). UNICEF also supported FAWE, a pan-African NGO, and the African Academy of Science with research, and contributed to an expert group report on girls' education for the preparatory committee of the Fourth World Conference on Women (Beijing, 1995). A joint UNICEF/FAWE conference for African ministers of education in Mauritius addressed the problem of school drop-out rates among teenage girls who became pregnant. UNICEF also supported special school enrolment programmes for girls in China and gender-based monitoring of girls' access to, and performance at, schools in Zambia.

Non-formal education programmes continue to reach children not in school. Among them are the Bangladesh Rural Advancement Committee (BRAC) schools, Eritrea's programme for women demobilized from military service, a programme for commercial farm workers in Namibia and the rehabilitation of Koranic schools in Mali, Mauritania, Senegal and Somalia.

Early childhood development programmes were implemented in 70 countries, and UNICEF collaborated with the Bernard van Leer Foundation and Save the Children (US) to develop strategies for staff training.

A UNESCO/UNICEF joint project to monitor learning achievement completed its first phase in 1994. Indicators and methodologies for assessing and monitoring learning achievement in primary schools were developed for China, Jordan, Mali, Mauritius and Morocco, and the project was extended to include Brazil, Ecuador, Lebanon, Mozambique, Nigeria, Oman, Slovakia, Sri Lanka, the Sudan and Tanzania.

Conflicts in eastern and southern Africa, Central Europe, Haiti and Liberia underscored the importance of sustaining education for children during emergencies and in other particularly difficult circumstances. UNICEF worked with UNESCO to provide educational materials and training for children and teachers affected by the crisis in Rwanda *(see also the profile, 'Building bridges of peace in young minds')*, and consulted with ILO and UNESCO on studies in several countries to determine the linkages between out-of-school children and child labour *(see also the profile, 'Children for sale')*.

SCHOOL-IN-A-BOX

In addition to the emergency medical and other kinds of supplies that UNICEF rushed to Rwanda in 1994, there were hundreds of boxes containing chalk, pencils, slates, notebooks and other equipment for Rwandese teachers and school-age children stranded in refugee camps in Zaire.

The 'school-in-a-box' programme, initiated by UNESCO and UNICEF, introduced a sense of normalcy to the lives of thousands of refugee children and was used to restart the education system in Rwanda itself, where schools had been ransacked and looted. Each school-in-a-box contained supplies for about 80 pupils and a teacher, at a cost of US$2 per pupil.

By the end of December, almost 2,500 boxes had been distributed in Rwandese prefectures for some 200,000 children, and an additional 6,500 were scheduled for delivery at the beginning of 1995 for another 520,000 students.

EDUCATION FOR DEVELOPMENT

THE Convention on the Rights of the Child emphasizes the need for young people to participate in the processes that form their futures. Education for Development (EDEV) is a powerful response to this, helping educators teach young people how to take an active part in global action for change.

In 1994, young people in the industrialized countries remained the principal focus of EDEV activities, which supported National Committees in outreach to youth through schools, teachers,

youth campaigns, and networking with partner organizations. All activities aimed at increasing young people's awareness, interest and involvement in global development, peace and justice.

Faced with the escalation of armed conflict worldwide, a number of country offices found EDEV materials, technical assistance and training strategies particularly relevant to conflict resolution *(see also the profile, 'Building bridges of peace in young minds')*, and information was circulated on peace education initiatives in eastern Africa, the Caribbean, Central and Eastern Europe, and the Middle East. UNICEF also published a comprehensive manual, *Education for Development: A Teachers' Resource for Learning*, sharing interactive methods of teaching about global issues.

WOMEN AND GIRLS

GENDER DISPARITY

DEEPLY rooted attitudes and values change slowly, but 1994 brought some measurable gains for women and girls in political and practical terms. With the approach of the Fourth World Conference on Women (Beijing, 1995), governments, international development agencies and NGOs were in general agreement on the need to examine gender relations and disparities across the broad spectrum of human development activities, and action in many countries suggested that the empowerment of women and girls is now recognized as being in the national interest as well as a human right.

During the year, UNICEF intensified its emphasis on gender-related issues. It was decided that policies affecting girls should be a special focus of UNICEF's preparations and advocacy for the Beijing conference. Accordingly, UNICEF further promoted the ratification of the Convention on All Forms of Discrimination against Women by underlining its complementarity with the Convention on the Rights of the Child. An internal task force was formed to coordinate UNICEF support for the Beijing conference, and a senior staff member was assigned to the conference secretariat.

In 1994, governments of many countries cooperated with UNICEF on training and research on gender issues and institution building (Botswana, Colombia, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Guyana, Honduras, Jamaica, Liberia, India, Maldives, Mozambique, Nicaragua, Panama, Paraguay, Sierra Leone, South Africa, Sudan, Swaziland, Uganda, Uruguay, Venezuela). Much of this cooperation also involved other international agencies and NGOs.

UNICEF helped to develop national plans of action for women in Bolivia, Chile, Ecuador, El Salvador, Sierra Leone and the Sudan. In Cameroon, Sierra Leone, South Africa and the Sudan, concerns related to girls and women were incorporated into many programmes, such as health, education and nutrition.

In Eritrea, the Third Congress of the Eritrean People's Liberation Front voiced its support for women's political and economic freedom, access to education and equality in the family, including the ownership of property. A National Union of Eritrean Women was set up in 1994 to advance the cause of women throughout the country.

UNICEF offices in Bolivia, Ecuador, Malawi and the Sudan supported the establishment of organizations, forums and procedures to revise laws that conflict with women's advancement in such areas as the minimum wage, inheritance, domestic violence, sexual offences and the elimination of discrimination.

A volunteer teaches girls to read with UNICEF-supplied materials. UNICEF also helps women and girls in income-generating activities.

UNICEF/93-1270/Nicaragua

UNICEF support was directed at improved access to basic services for women and girls, especially in health and education. In Jamaica, UNICEF supported video productions aimed at reducing gender stereotyping among boys and girls at the secondary and higher education levels.

The special vulnerability of women and adolescent girls to HIV/AIDS infection by spouses and other partners remains a major concern in many countries where the epidemic has also resulted in increasing numbers of orphans infected by their mothers at birth.

AIDS advocacy and awareness activities took place in Burundi, India, Mauritania and South Africa. In Malawi, Uganda and Zambia, information on HIV/AIDS prevention was being integrated into the school curriculum.

In Honduras, women's forums on HIV/AIDS were convened in the worst-affected areas, and UNICEF launched education initiatives through community and women's groups, the mass media, the health services network, schools and colleges. UNICEF assisted four religious NGOs with training for almost 3,000 lay preachers to educate communities where HIV/AIDS infection rates were high.

The increasing vulnerability of women and girls to acts of violence in situations of armed conflict, civil strife and other emergencies demanded special attention in all regions. Burundi, Liberia and the Sudan undertook projects that directly addressed the needs of women war victims. In Liberia, a UNICEF-supported project to counsel traumatized women was considered a model for replication in neighbouring countries.

Also, UNICEF collaborated with the African Women in Crisis Programme of the United Nations Development Fund for Women (UNIFEM), and both UNICEF and UNIFEM worked with the Bahá'i International Community on a seminar held in New York in May to promote non-violent family environments.

Attention is increasingly being paid to the need for greater male responsibility in parenting. Guyana and TACRO were involved in symposiums on 'Men and Their Families', held with the University of the West Indies. The University of Guyana and TACRO are undertaking a regional study on the involvement of men and fathers in parenting and child care.

The theme that 'Today's Girls are Tomorrow's Women' was echoed by governments, international agencies and NGOs during the year, and several countries responded with local initiatives to bring this 'life-cycle' approach to bear on prevention of discrimination against girls. India, Iran, Kenya and Turkey took steps to improve education opportunities for girls.

Programmes for girls in especially difficult circumstances were implemented in Brazil, Peru and Thailand, and UNICEF supported a major initiative to oppose female genital mutilation in Burkina Faso and the Sudan (*see also the profile 'Modest progress for girls'*). India passed legislation to ban female foeticide, and the challenge for the Government and NGOs now is to raise public support for its effective implementation.

A growing need for gender-disaggregated data for information and monitoring purposes is evident in many countries, and a number of them took action to build country statistical bases in 1994. Gender-disaggregated data was collected through a national survey on HIV infection in Burundi and South Africa, and Mexico undertook a statistical study of poverty and gender. Nicaragua studied gender approaches to health and education, and Jamaica completed a gender-related school achievement study. Efforts were also made to build databases on gender concerns in Chile, Costa Rica, Guinea-Bissau, Mozambique, Peru and Somalia.

More than 800 UNICEF staff and 7,700 government and NGO partners were trained in gender analysis and the application of the 'women's equality and empowerment framework' during the year. A UNICEF gender analysis training package was translated and adapted for use in Egypt, Indonesia, Mali, Pakistan, Tanzania, Viet Nam and Latin American countries, and gender training modules were integrated into country programmes in Argentina, Bolivia, Botswana, Brazil, Burundi, Cameroon, China, Ecuador, El Salvador, Equatorial Guinea, Eritrea, India, Jamaica, Malawi, Maldives, Mauritius, Mexico, Mozambique, Nicaragua, Panama, Peru, Papua New Guinea, Sierra Leone, South Africa, the Sudan, Swaziland, Uganda, Uruguay, Venezuela and Zambia.

'Equality advisers' were trained in Argentina; women were invited to participate in sectoral training activities in Cameroon; a regional network of women leaders was set up in Colombia; school textbooks and curricula were revised in the Dominican Republic and Mozambique to reflect gender considerations; and empowerment modules were designed to help women in El Salvador and Guatemala deal with issues such as self-esteem, leadership, assertiveness and group relations.

SAFE MOTHERHOOD AND FAMILY PLANNING

EVERY year about 500,000 women die of causes related to pregnancy and childbirth. For every one of those deaths, another 15-20 women suffer some form of lifelong, pregnancy-related disability. If women had access to proper obstetric care, if couples practised birth spacing and family planning, and if women who did not want to have a baby could avoid pregnancy safely and effectively, many of those deaths would be prevented.

The 1990 World Summit for Children set important goals for safe motherhood and family planning, including a 50 per cent reduction in maternal mortality by the year 2000 and universal access to family planning services, especially for women. In 1993, the UNICEF Executive Board also endorsed a policy on family planning to enhance the role and status of women; promote safe motherhood and breastfeeding; support basic education and literacy; improve access to information, education and communication; and provide appropriate support for family planning services.

The International Conference on Population and Development (ICPD) in Cairo in 1994 was an important milestone for reproductive health and provided direction to UNICEF in its work in this area. The Conference reached a broad global consensus on the need to achieve sustainable population growth rates through the empowerment of women and the provision of primary health care and basic education. It also emphasized the need to view family planning in the broader context of reproductive health and women's limited freedom to make choices in these areas. UNICEF provided a senior adviser and other staff resources to support ICPD preparations and the work of NGOs (especially NGOs concerned with women and youth) and to consult with government delegations.

The ICPD process and Programme of Action have reinforced the view, long held by UNICEF, that sustainable development and economic growth require the promotion of basic education for all, health interventions for child survival, the empowerment of women, and family planning and maternal health services. Follow-up to the Conference has given UNICEF new opportunities to strengthen partnerships with women's and youth NGOs and to place the issue of girls' and women's health at the centre of UNICEF advocacy, with a strong emphasis on prevention of early pregnancy and delay of marriage.

UNICEF/91-1200/Andrew

A mother gets an anti-tetanus shot at a UNICEF-assisted health centre.

Several UNICEF offices launched reproductive health promotion initiatives in 1994. UNICEF worked closely with governments, NGOs and United Nations partners in Mozambique, Peru, the Philippines and Sri Lanka. In Zambia, UNICEF supported government efforts to strengthen maternal and congenital syphilis prevention and control. In Benin, the Bamako Initiative was used to improve the quality of family planning services and the prevention and treatment of sexually transmitted diseases, as well as antenatal and obstetric services. This project involved women directly in the management of health centre services.

In October, the Executive Director issued 'Guidelines for UNICEF Action on Eliminating Female Genital Mutilation'. The objective was to help UNICEF field offices develop strategies and support programmes in partnership with other United Nations agencies, regional, national and local NGOs, professional associations, religious institutions and governments to end female genital mutilation. The guidelines called on the relevant UNICEF regional offices to initiate and coordinate programming to end this practice. Following these guidelines, UNICEF is developing operational strategies to help regional and country offices strengthen their advocacy and interventions and gain access to appropriate technical resources.

UNICEF participated in the annual consultations of the newly formed Inter-Agency Working Group on Female Genital Mutilation, the Inter-Agency Group on Safe Motherhood, the Joint Programme on Strengthening National Capacities to Reduce Maternal Deaths and Disabilities, the Global Commission on Women's Health and the ICPD follow-up. Participation in these consultative groups helped to improve technical tools and guidelines and enhance inter-agency coordination.

TOOLS FOR ADVOCACY

UNICEF/1996/Sprague

BEST COPY AVAILABLE

UNICEF's advocacy potential took a quantum leap in 1994 with on-line computer access to the Internet, increasing use of video and satellites to share educational television productions globally and the continued expansion of air time on an old friend: radio.

When the late UNICEF Executive Director James P. Grant and Archbishop Desmond Tutu of South Africa launched *The Progress of Nations 1994* in Brussels on 21 June, the report was uploaded onto the Internet, a 'network of networks' linking an estimated 25 million computer users worldwide. The full text was picked up by more than 240 Internet users within weeks of its release. Although the initial Internet audience was small, some of those requesting the report were information networks that in turn passed it on to their subscribers.

This new technology and other fruits of the communications revolution have placed UNICEF at the threshold of global advocacy on a scale unimaginable until quite recently. Satellite communications have not only expanded the reach of television but have also created hundreds of new channels and unprecedented demand for programming.

Other media initiatives, including the International Children's Day of Broadcasting (ICDB), the *Meena* video series in South Asia and the *Plaza Sésamo* television series in Latin America, have also opened doors to major players in the entertainment industry.

Publications are also being used to attract wider audiences. For instance, *I Dream of Peace*, a widely publicized book of writings and drawings by children on all sides of the conflict in former Yugoslavia, was launched in April and May in 11 languages and sold in commercial bookstores. By October, more than 40,000 of the 55,000 English-language copies had been sold. Production costs were borne by the international publishers, and UNICEF receives about 10 per cent of the royalties on sales. By the end of 1994, royalties accruing to UNICEF totalled more than US$200,000. These funds will be used in programmes for children affected by war.

A rapid increase in the magnitude and complexity of crises in which UNICEF is involved continued to challenge the organization's information capacity in 1994. More than half the UNICEF press releases issued during the year were related to emergencies.

Rwanda was the year's most difficult information assignment, largely because of its sudden onset and the spillover of refugees into neighbouring countries. The emergency also demonstrated the tremendous power of the media — television in particular — to influence public opinion and raise money for emergency causes. This media visibility in 1994 was also invaluable in promoting public awareness of UNICEF action on behalf of children.

As the main organization working to protect unaccompanied children, UNICEF had an especially high profile in Rwanda and the refugee camps outside the country. UNICEF organized news conferences and media briefings, issued press releases and advisories, kept National Committees informed of the latest developments, arranged media interviews and provided a strong local information presence. Information staff from Geneva, New York, National Committees and field offices responded to media queries daily throughout the crisis. Almost 300 photos of the emergency were distributed to 54 offices worldwide.

Ongoing emergencies in Angola, Haiti, Liberia, Somalia, southern Sudan and former Yugoslavia also taxed the organization's staff and other resources. Of the 1,700 photographs UNICEF distributed during the year, emergencies accounted for more than half, compared to 30 per cent of the total in 1993.

Almost every African country, and many countries on other continents, took part in activities to commemorate the fourth Day of the African Child (16 June). Especially significant was the participation of children. In Mali, Mauritius, Uganda and Zimbabwe, among other countries, young people expressed their views to government officials in special parliamentary sessions.

A children's memorandum was presented to the Ugandan President at a ceremony attended by ministers, parliamentarians, diplomats and NGOs, as well as 78 child delegates from 39 districts of Uganda and thousands of children from Kampala. This memorandum is now under parliamentary debate. Young people also had their say at round tables and workshops in Chad, Equatorial Guinea, Guinea, Mozambique, Nigeria and Togo.

In New York, the 'Day' was celebrated for a week. Among the festivities that took place between 9 and 16 June were an educational and cultural event for 600 children called 'Celebrating the African Child', a festival of films by African directors and a gala in the General Assembly chamber, at which Archbishop Desmond Tutu gave the keynote address.

COMMUNICATION PROJECTS

INTERNATIONAL CHILDREN'S DAY OF BROADCASTING

THE success of ICDB in 1994 demonstrated conclusively the growing reach and influence of television in development activities. A record 1,969 television and radio stations in 148 countries participated in the third annual International Children's Day of Broadcasting on 11 December.

Every region of the world was represented, and in many countries all national broadcasters participated. UNICEF programmes and public service announcements aired in 113 countries. Figures from participating radio, television and satellite-based stations indicate that ICDB programmes reached a worldwide audience of over 1 billion viewers.

The sharp increase in participation resulted from greater outreach and dissemination of UNICEF materials at leading trade fairs and through regional broadcasting unions. Among this year's major participants were nine Turner Broadcasting System news and entertainment networks (including CNN), the Middle East Broadcasting Centre, Star TV in Asia, BBC World Service, the Australian Broadcasting Corporation, the Canadian Broadcasting Corporation, China Central Television, Doordarshan of India, Germany's ARD and ZDF networks, the Kenya Broadcasting Corporation, Mexico's Canal 11, and Monitor Radio of *The Christian Science Monitor*. All of these allocated large blocks of air time to ICDB.

Television fascinates primary school children in rural China. UNICEF relies heavily on mass media to inform and educate.

UNICEF/92-2053/Lemoyne

The majority of stations produced original programming, and children featured prominently in over 70 countries.

Heads of State or Government, first ladies and members of royal families from 12 countries participated in commemorating ICDB, along with governments of more than 40 countries.

More than 80 countries had some form of radio participation. Among the activities were a live two-hour discussion show on Croatian radio with 12 mayors from cities hard hit by the ongoing conflict and a series of live interviews by BBC World Service with children in Somalia and the United Kingdom. In addition, Namibia's Prime Minister participated in a special programme in which he responded to letters sent to him by Namibian children.

The broadcasting industry paid tribute to ICDB at the 1994 International Emmy Awards Gala in New York with the announcement of a new award to honour the best ICDB contribution each year by an international television broadcaster. ICDB also received an award from Television Business International.

PRODUCTIONS AND CO-PRODUCTIONS

UNICEF was involved during the year in television co-productions with networks in Australia, Belgium, Canada, Denmark, France, the United Kingdom and the United States. A Danish programme on child labour won the prestigious Japan Prize. Other co-productions covered emergencies, child rights and oral rehydration therapy. UNICEF spots were aired on CNN, CNN International, Star TV and many national services. Radio productions included an innovative series on *Facts for Life* in indigenous languages. Radio co-productions continued with BBC World Service, Radio France International and Vatican Radio.

In preparation for its 50th anniversary, UNICEF produced *Towards 2000*, a retrospective on the work of the organization since its inception in 1946. It includes interviews with the late Executive Director James P. Grant and several UNICEF Goodwill Ambassadors.

Children's News, a series of updates on implementation of the Convention on the Rights of the Child, focuses on survival rights in Bolivia, child exploitation in Thailand and the right of

children in Norway to have an ombudsman.

Other co-productions on child rights issues included: *Rights of Passage*, produced for the International Conference on Population and Development; *I Dream of Peace*, a video rendering of the book of the same title, showing the life of children in war-torn former Yugoslavia; and a programme on children's rights with Globalvision that aired on the US Public Broadcasting Service network.

The Rwanda emergency was covered in news footage distributed to National Committees and news services. Reports focused on the unaccompanied children reunification programme, the provision of basic services and the dangers posed by land-mines. Other video items were produced on Angola, Haiti and Liberia, this last in conjunction with the US Committee for UNICEF. UNICEF made many advocacy spots and distributed them to country offices, Star TV, CNN and CNN International, among others. UNICEF also cooperated with CNN to produce several stories on breastfeeding, vitamin A and IDD.

In celebration of the twenty-fifth anniversary of ORT, UNICEF co-produced programmes with Fuji TV of Japan on ORT in Bangladesh, with Star TV (the regional Asian satellite service), with the Australian Broadcasting Corporation and with BBC World Service Television on an ORT report filmed in Bangladesh, Mexico and the United States.

Participants from over 55 countries attended the second UNICEF Animation for Development Workshop in Orlando, Florida (14-18 November). The workshop was organized with the help of Walt Disney Feature Animation to bring together UNICEF staff, NGOs, world-class animators and animation industry executives — including Warner Brothers, the National Film Board of Canada, Hanna Barbera, the Children's Television Workshop, Nickelodeon, ASIFA, Fil-Cartoons, Turner Communicators, MTV and Mauricio de Sousa Productions — to consider means of using creative animation to enhance child survival and development. At the conclusion of the workshop, more than 60 animators from around the world signed a declaration committing themselves to working for the betterment of children.

Training in the use of television for social mobilization and advocacy continued for field staff and government counterparts. A workshop for EAPRO was held in Manila with support from the Radio Nederlands training centre and the Australian Broadcasting Corporation.

GLOBAL COMMUNICATION SUPPORT FUND

A number of new projects in 1994 gave greater diversity to Global Communication Support Fund activities and the pursuit of UNICEF mid-decade goals for children. New activities approved for the year included:

» a Communication for Learning project (phase II) in the MENA Region to help communicators improve the quality of programmes on child-related issues. Training was provided for television producers in developing health messages. Partial funding was received from the Canadian National Committee.

» an Audience Research Training Workshop for UNICEF staff and counterparts from audiovisual media in Asia. The workshop was conducted in Singapore in October by Dr. Graham Mytton of the BBC World Service (author of the *UNICEF/UNESCO Handbook on Radio and Television Audience Research*) and drew 21 participants. Given the very positive outcome, similar workshops might be held in other regions.

» *Soul City*, a comprehensive education-entertainment soap opera created by a primary health care team and South African Television. UNICEF was one of many supporters of the project, which weaves child survival and *Facts for Life* messages into 13 television episodes. Sixty radio dramas and comic strip versions of the same stories were also planned.

» a television scriptwriters' workshop held in Egypt in April. The workshop had funding from the UK Committee to help 19 television scriptwriters and producers develop creative messages on child survival and development themes.

Progress was also made in 1994 on other, longer-term projects, including *Plaza Sésamo* for preschool children and the *Meena* animation project on South Asian girls. Production of 130 new *Plaza Sésamo* episodes was completed by Televisa in Mexico City, and the series was launched on 6 January 1995.

The UNICEF office in Mexico developed outreach materials for use by educators, parents, health workers and non-television audiences throughout Latin America. The office held three workshops to involve regional colleagues in the project and prepare them for programme launchings in their own countries. The series was financed by the Netherlands and US Committees for UNICEF.

The *Meena* project received additional funding in 1994 from the Norwegian Government and continued to attract international as well as

regional attention. Two new episodes, 'Saving a Life', about ORT, and 'Will Meena Leave School?', about the problems of girls leaving school early, were completed, and five others were in production.

Meena episodes were being produced in other languages in China and Myanmar and by the National Committees of Finland, France, Italy and the Netherlands. The Committees have found *Meena* to be a valuable tool in their Education for Development work.

The manual for the West African Rural Radio project was produced by WCARO and distributed to UNICEF offices and broadcasting stations throughout francophone West Africa. UNICEF country offices are now scheduling rural radio training in their programme activities.

TACRO has used film animation successfully for the past five years in support of safe motherhood, early childhood development and the fight against child abuse. By year's end, TACRO had completed an animated film, *The Teen Years*, on life skills. It will be used as a teaching aid in Caribbean schools.

PUBLICATIONS

WHILE scaling back general-interest publications, in 1994 UNICEF produced more targeted materials to support such events as the International Conference on Population and Development and the World Summit for Social Development. Among the publications produced were *Children, population and development; Too old for toys, too young for motherhood;* and *ORT — A solution for survival.*

Two other 1994 publications provide overviews of UNICEF and its work. *UNICEF at a glance* summarizes what the organization is and what it does. *Facts & figures 1994-1995* gives broad statistical information on the situation of children and women, with an emphasis on the mid-decade goals.

Publications covering the impact of war on children included *Anti-personnel land-mines: A scourge on children* and *Children of War: Wandering alone in southern Sudan.*

Articles in the quarterly *First Call for Children* emphasized progress towards the mid-decade goals and implementation of the Convention on the Rights of the Child. Published in English, French and Spanish, it has a circulation of 50,000 copies to field offices and National Committees, which distribute it to governments, NGOs and others. An Arabic version tailored to local concerns is published by the MENA office.

Five new *Speakers' Notes* published during the year covered breastfeeding, debt and children, inter-country adoption, children in armed conflict and oral rehydration therapy. *Speakers' Notes* summarize UNICEF policy and provide source material for people giving speeches and interviews or writing articles about UNICEF. A total of 12 have been distributed.

The Features Service, begun in late 1992 to provide success stories to National Committees and the media, produced and distributed 55 articles in 1994. These articles appeared in many newspapers and magazines around the world. A significant number covered issues related to the International Conference on Population and Development and the World Summit for Social Development, as well as the mid-decade goals.

THE STATE OF THE WORLD'S CHILDREN 1995

ON the eve of the World Social Summit, *The State of the World's Children 1995* argued that the time has come to realize that protecting and investing in children are integral to successful economic and social development. The report also examined how today's development consensus and broader challenges could be broken down into doable propositions, and it discussed how to begin mobilizing the necessary support for their achievement.

A review of media coverage indicated that virtually all broadcast and print media covering the launch of the report (New York, 15 December 1994) picked up its upbeat message of 'good news from the developing world'. Advance media work, which targeted major newspapers and magazines in the weeks before the launch, and press conferences in all regions on the day of the report's release, generated substantial editorial support and commentary by columnists, as well as news articles. The report and related press materials were sent worldwide in English, French, Spanish and Arabic. Over 35 other language ver-

UNICEF/91-B018/Taylor

UNICEF information and advocacy efforts seek to promote equal basic education opportunity for girls.

sions were produced by individual field offices and National Committees. A television news feature on the report was distributed internationally by satellite to coincide with the launch, generating some of the best television coverage the publication has ever had.

Many countries capitalized on the event by focusing attention on national issues. Sri Lanka highlighted child labour, Côte d'Ivoire noted progress against guinea worm disease and Australia examined violence against women. The Zambia Office linked the International Children's Day of Broadcasting with the report by arranging for a street child to interview the President. In Malawi, the launch was combined with a photo exhibit, high-level speeches and a press conference attended by over 400 people.

The Government of Sierra Leone took the opportunity to discuss preventable health problems, including iodine deficiency disorders, a drop in immunization rates and a recent cholera outbreak. The report was released in Morocco by Princess Lalla Meriem, in Jordan by Queen Noor and in Nepal by Prime Minister Manamohan Adhikari. In Japan, 3,000 Japanese-language versions of the report and a summary were circulated among government officials, Members of Parliament and the press. In Bolivia, the report was released at the National Congress, and in the Dominican Republic, 12 television channels, 12 radio stations and 8 daily newspapers discussed its contents. The report was highlighted by the Vice-President of the Dominican Republic during ceremonies to open a salt iodization plant on 20 December.

Media coverage of the launch was extensive in Europe. High-level media campaigns took place in Copenhagen, Geneva and Helsinki. The German Committee held a press conference in Bonn and published the report as a paperback book. Austria, France, Greece, the Netherlands and Poland also generated good media coverage of the launch.

THE PROGRESS OF NATIONS 1994

WITH the launching of its second groundbreaking annual report, *The Progress of Nations 1994* (Brussels, 21 June), UNICEF once again challenged nations to put their statistical houses in order. This report pointed to the failure of many nations to gather timely data on such vital statistics as infant and child mortality, malnutrition, vaccination rates and education performance. It also reminded donors that the impact of US$60 billion in aid money to the developing world each year ought to be a quantifiable matter of public record.

As a contribution to the World Summit for Social Development, the report reminded policy makers about the fundamental need for more reliable and comprehensive statistical reporting. Such information is essential to any major effort to move social development to centre stage on the global agenda and highlight efficient strategies to translate economic resources into human progress.

The report outlined progress and deficiencies in such areas as nutrition, health, education, family planning, progress for women and child rights. It noted that its own efforts to do justice to these issues and to compare national achievements were flawed by gaps in the numerical stockpile of information available to UNICEF and the rest of the international community. These shortcomings included statistics that were frequently out of date or incomplete, and sometimes based on extrapolations or mathematical models rather than on vital registration systems or the systematic collection of representative data.

The Progress of Nations 1994, which was produced for global distribution in English, French,

CONFLICT RESOLUTION

Building bridges of peace in young minds

While enmeshed in emergency responses to ethnic and other violence in 1994, UNICEF also maintained its vision of a peaceful future and the education of those who will build it.

Rehabilitation: UNICEF continued to support training for teachers and other professionals capable of providing psychosocial counselling to children affected by armed conflict. In Liberia and Mozambique, psychosocial counselling was expanded to include thousands of former child soldiers, many of whom had been abducted from their homes and trained to kill, and were in need of help to become productive members of society.

Reconciliation: Experience in many countries, including Egypt, Lebanon, Mozambique, Sri Lanka, the Sudan and former Yugoslavia, continued to show that peace education can help unite communities divided by conflict. In Lebanon, peace camps for young people had the support of some 240 NGOs as well as the Government, which has introduced the concept of Education for Peace into national school curricula. Six thousand young adults have been trained as 'peace monitors' to work with younger children at the camps, where children learn conflict resolution skills. In Mozambique, a dozen trainers toured the country with a 'Circus for Peace', promoting the non-violent resolution of conflict through art, dance and theatre. In southern Sudan, a two-week refresher course on basic literacy, numeracy, conflict resolution and the treatment of war-traumatized children was provided for hundreds of teachers. More than a decade of war in southern Sudan has disrupted or destroyed the school system. The project provided teacher training modules, textbooks and materials for more than 1,000 schools. UNICEF was preparing a psychosocial training manual for teachers and other professionals and continued to work closely with UNESCO, NGOs and Sudanese counterparts.

In Sarajevo (Bosnia and Herzegovina), a popular radio station shared hopes for peace with the children of former Yugoslavia through a one-hour programme broadcast twice daily. A team of 18 children, with some help from adults, prepared the programmes. They included popular music, stories, a 10-minute discussion of the kinds of trauma commonly experienced by children in war, and brief items on the Convention on the Rights of the Child. Suggestion boxes were placed all over Sarajevo so that children could communicate news, questions and experiences with other young listeners. In Sri Lanka, a project on education for conflict resolution distributed instructional materials to thousands of schools and promoted non-violent action through television, newspapers, radio, posters and comic strips. In Egypt, an Education for Peace project was in its start-up phase with the production of a resource kit of games, songs, role play and other cooperative learning activities for children aged 6 to 15.

Prevention: In Burundi, where communities were profoundly affected by events in neighbouring Rwanda in 1994, a nationwide project, "Bâtissons la paix/Gira Amahoro" (Let's Build Peace), was launched in 1,500 primary and secondary schools and learning centres, introducing the concept of peacemaking to about 100,000 students. It also reached the general public through radio programmes and non-formal education activities.

Many National Committees have also responded to what they perceive as growing xenophobia and racism in their countries. They have been active in the development of school curricula, teacher training, the production of educational materials and the establishment of networks of 'peace educators', to help young people look beyond negative stereotypes and recognize diversity as something that enriches, rather than threatens, their communities. National Committees pursued a wide range of peace-building initiatives in Belgium, Canada, Finland, France, Germany, Greece, Israel, Italy, Spain, Switzerland and the Nordic countries.

Spanish and Arabic and also appeared in 10 other languages, generated many positive developments.

In India, the report was presented to the Speaker of the Lok Sabha (House of Representatives), who invited UNICEF to hold a one-day briefing of Members of Parliament on progress towards the mid-decade and year 2000 goals. The New Zealand Government promised more resources for youth mental health services in its 1994 budget. Fourteen Italian universities plan to use the report in Education for Development courses. In the United Kingdom, the Labour Party's overseas aid team used the report to press the 20/20 concept. In Norway, a fund-raising campaign was launched in tandem with the report, and the Norwegian World Cup soccer team donated its 'Man of the Match' bonuses to UNICEF.

The late Executive Director, James P. Grant, gave 20 media interviews following the international launch in Brussels. UNICEF Deputy Executive Directors and senior personnel were also involved in launch ceremonies and gave media interviews in Australia, Belgium, Canada, Norway and elsewhere. The report, and these supporting efforts, resulted in extensive media coverage for children's issues worldwide.

FACTS FOR LIFE

WITH more than 10 million copies having been produced in 185 languages, the UNICEF advocacy booklet *Facts for Life* (FFL) continued to provide inspiration and guidance for a seemingly inexhaustible range of education, health and public information products. Governments translated and expanded FFL to cover topics of special concern; schools incorporated it into their curricula; political, religious and other organizations took its main messages as their own; and radio and television adapted it for educational entertainment.

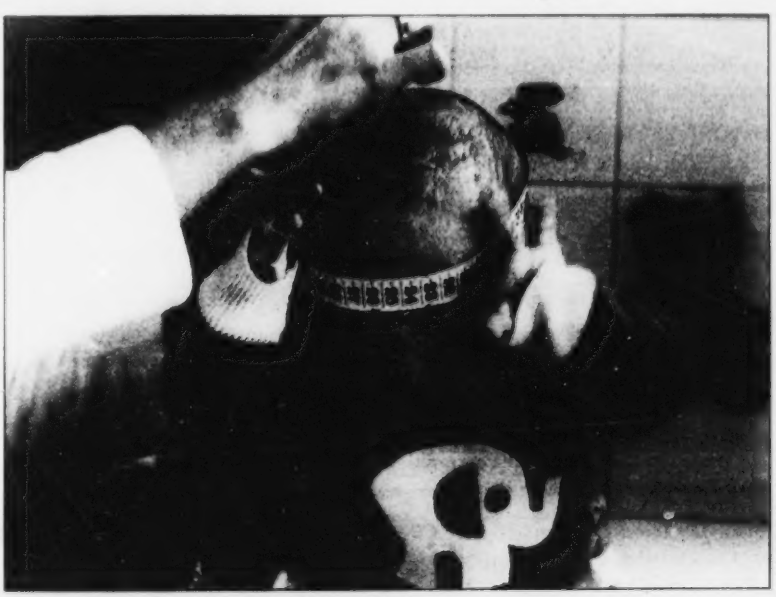
In Oman, the Government covered print and distribution costs for 12 children's stories and puppets to convey FFL messages in schools. In Turkey, the messages were printed on milk cartons, comic books and corporate magazines. Bolivia included FFL in the training of military recruits, and a tentless circus known as the 'Caravan for Life' toured towns in Ecuador with FFL messages that had been blended in an entertaining way with Andean myths.

In Bhutan, the King provided the foreword for a national version in the Dzongkha language. In Cameroon, two religious organizations conducted FFL training for 100 teachers and 10,000 students, and in Honduras, four religious organizations trained 3,000 lay preachers to convey FFL messages. The national newspaper, *La Prensa*, printed and distributed a million inserts of FFL over an eight-week period. A Malaysian version was launched in June by the wife of the Prime Minister, and Muslim leaders collaborated with UNICEF in the Philippines to adapt FFL to related teachings in the Koran and Hadith.

Morocco added chapters on tuberculosis, STDs, nicotine addiction and oral hygiene; Egypt, Iraq, Malaysia, Mexico, Nepal, South Africa, Syria, Sri Lanka and Turkey all added a chapter on accidents; Ethiopia added peace education; Nigeria and Togo added guinea worm disease; IDD was included by Bangladesh, Bolivia, Madagascar, Myanmar, the Philippines and Zaire; Bhutan, India and Nepal added leprosy; and Uganda put questions at the end of each chapter to test readers. A regional Russian edition of FFL, produced during the year for Central and Eastern Europe, carried sections on smoking and alcoholism.

Many countries adapted FFL for television. Two animated series were produced in Syria, and Iraqi TV dedicated five minutes a day to FFL broadcasts. Well-known personalities in Ecuador appeared on 11 FFL spots for the national channel, and in Bolivia, a video series was played in the waiting-rooms of 10 national hospitals as well as on public television.

Radio has proved to be the most popular medium for FFL, however. The Latin American division of the British Broadcasting Corporation



UNICEF tries to put basic knowledge in the hands of parents, health workers and the community, including the need to monitor growth.

UNICEF/88-0009/T-Jmie

produced a series of 20 FFL programmes in the Quechua language, which are being broadcast in Bolivia, Ecuador and Peru. FFL messages were broadcast in Bolivia by 105 stations six times a day, and Yemen produced 252 episodes of a radio programme entitled 'Musid and Musida'. Brazil created a training programme for broadcasters and distributed 10,000 copies of FFL to radio and television professionals. UNICEF organized the training courses based on FFL, *The State of the World's Children* and other UNICEF materials.

In Mauritania, FFL messages were translated and adapted for use on rural radio in four local languages, and in Mongolia, the Mongol Radio staff were shown how to prepare FFL spots for broadcast. In Mozambique, a daily two-hour FFL programme produced in collaboration with Radio Netherlands was broadcast in Portuguese and two local languages. The programme covered peace education, child rights and education for all, as well as FFL topics.

FFL was integrated into school curricula in Burkina Faso, Cameroon and Yemen, and Egypt explored the possibility of including the Convention on the Rights of the Child with FFL in its basic education programme. Djibouti included FFL in teacher training, and in Peru, President Alberto Fujimori launched an FFL women's education project in July with the aim of reaching 2.5 million households.

NEW INITIATIVES

COUNTRY PROFILES

COUNTRY profiles are being developed at the request of National Committees to provide basic information about countries in which UNICEF has country programmes and emergency operations.

The profiles include statistics on a variety of socio-economic indicators; UNICEF inputs in such areas as health, nutrition, basic education, and water and sanitation; and a list of UNICEF partners and their contact addresses and telephone numbers. Five profiles (Ghana, Namibia, Nepal, Senegal, Thailand) were released during the year, and 16 others were being prepared.

PEGASUS: CONTACT DATABASE

IN 1994, UNICEF began developing a comprehensive database system to facilitate the worldwide distribution of publications and videos to targeted audiences. This system, called Pegasus, is intended for use on a local area network (LAN) or a stand-alone computer.

Pegasus will be used for a variety of functions: as a database for contacts (sorted according to category, area of interest, languages spoken, etc.); to facilitate audience targeting; as an inventory control mechanism for publications, videos, photographs or other material; as an annotated bibliography; and as a tool for planning and analysis. Although each office will develop its own database, the data can be exchanged between offices, and the software will support 'cc: mail', fax, etc.

The system will operate in Windows and is being designed to be as user-friendly as possible, with comprehensive on-line help. It will be available in English, French and Spanish. Following testing by selected field offices, it is hoped that the first modules will be ready to distribute for general use by fall 1995.

PHOTOS: THE IMAGE DATABASE

CREATED to facilitate photo researching on standard PCs (with additional hardware), the Image Database (IDB) will eventually contain all black-and-white and colour images in the HQ photo library.

In 1994, an initial 1,000 photographs and accompanying text were uploaded to the computerized cataloguing database, which has been custom-designed to fit UNICEF's needs. It will be distributed to field and National Committee offices on CD-ROMs with appropriate software; local offices can then research HQ photos themselves and also create their own photo databases. IDB will also facilitate the photo library's response to requests for photographs, of which there were 800 in 1994 — double the previous year.

Following an IDB search, offices can request HQ photos either in traditional formats or on Kodak 'Photo CD', scanned at reproduction quality. UNICEF inter-office digital transmission of high resolution photographic images is being built into the system but awaits improved global transmission lines, lower costs and the elimination of other interference factors.

ADVOCACY IN THE FIELD

THE role of advocacy in UNICEF programmes continued to grow in 1994. Accomplishments ranging from Brazil's 96 per cent polio immunization coverage to Bahrain's 100 per cent baby-friendly hospital status are proof of the success of advocacy efforts.

UNICEF's use of the extraordinary reach of mass media substantially supported the organization's activities and goals. Collaboration with the broadcast media led to extensive coverage of UNICEF messages everywhere through public service announcements, documentaries and other television programmes.

In Brazil, a nationwide network of health workers, community agents and 30,000 postal workers participated in a weeklong campaign that led to 96 per cent of children being immunized against polio.

The extensive screening of the animated film *Johnny Sadboy* by the Caribbean Broadcasting Corporation coincided with a police initiative to reduce child abuse and was credited with raising awareness of abuse. The film was produced as a result of the first UNICEF-supported Animation for Development workshop, held in 1990 in Prague.

A video titled *Winter, Winter, Winter* provided a glimpse of how children and their parents coped with the cold winter in Sarajevo. This video was carried on an international satellite channel and broadcast by television stations in many industrialized countries.

UNICEF Argentina produced three television spots on its activities in support of primary education and vocational training for street children and former prostitutes. The National Bureau of Radio and Television Broadcasting declared the spots of national interest, thus requiring all stations to air them. They will be broadcast during 1995.

In Kenya, *A Healthy Nation* broadcast essential preventive health messages on both radio and television. More than 100 radio stations in Bolivia aired educational messages based on *Facts for Life* six times a day. In Liberia, the national radio station aired a daily radio message featuring the voices of children calling for a fair future.

In Cape Verde, awards were given to the best television, radio and newspaper feature on the rights of children. In Maldives, advertisements for infant milk products were banned during World Breastfeeding Week.

A long-term social mobilization campaign in Morocco increased ORT use from 17 per cent in 1992 to 60 per cent in 1994. In four provinces in Cameroon, 125 kiosks were set up to distribute information about use of ORT. A nationwide ORS campaign in India included television and radio broadcasts as well as performances by folk troupes in districts with high rates of diarrhoeal diseases. In Angola, UNICEF assumed leadership of a multimedia mine awareness and avoidance campaign.

It's the Right Story for Children, an illustrated version of the Convention on the Rights of the Child, was distributed in all of Botswana's primary schools. Social mobilization efforts in Oman led to the launching of a governmental birth spacing programme. In Peru, 800,000 households were visited as part of a campaign to inform parents about the symptoms of acute respiratory infections and the importance of referring pneumonia cases to trained health workers.

The Sex Patch, a comic strip booklet providing information for teenagers about responsible sexual behaviour and AIDS awareness, had such a successful impact among Caribbean teenagers that it was translated for use in India, Thailand and the Middle East. *UNICEF and You*, a bilingual supplement in one of the leading newspapers in Armenia, focused on child-related priority topics such as immunization, breastfeeding and control of diarrhoeal diseases.

UNICEF advocacy promotes a range of child-related causes, from health, nutrition and education to the right to play.

UNICEF/93-1160/Keen

WORKING TOGETHER

UNHCR/P93.1247/Nette

NATIONAL COMMITTEES

NATIONAL Committees shared the same global concerns in 1994 but their individual priorities and approaches to advocacy and fund-raising were distinctive. Among the main areas of focus were the Convention on the Rights of the Child, child victims of war and the threat posed by land-mines, the Rwanda emergency, the baby-friendly hospital initiative and debt relief.

National Committees contributed almost one third of the funding for the UNICEF overall budget and more than 25 per cent (US$55 million) of the organization's US$215.5 million for emergencies. The German Committee was the largest donor among National Committees, with a total of US$56.6 million. This also made it the third largest donor overall, behind the Governments of the United States and Sweden.

Activities supported by the National Committees included the following:

◆ CONVENTION ON THE RIGHTS OF THE CHILD: Several Committees were instrumental in their countries' ratification of the Convention, and some have been asked to help their governments prepare status reports for the Committee on the Rights of the Child. Others have contributed to independent reports on compliance and have become involved in child rights advocacy, education and public information. At their 1994 annual meeting, National Committees agreed to give temporary support to the Committee on the Rights of the Child in analysing a backlog of national reports on compliance.

The Japan Committee sponsored an interactive exhibit on 'The Gift of Rights to the World's Children' in major cities, and introduced to middle schools, teachers and youth leaders a Japanese translation of *It's Only Right!*, the UNICEF guide to learning about the Convention. The German Committee emphasized the right of children to information. It produced material on the history of child rights and organized workshops for volunteers and NGOs. The Spanish Committee presented the Convention in an entertaining format at meetings and training courses for 50,000 students in five communities. The courses encouraged self-respect and tolerance among children and adolescents.

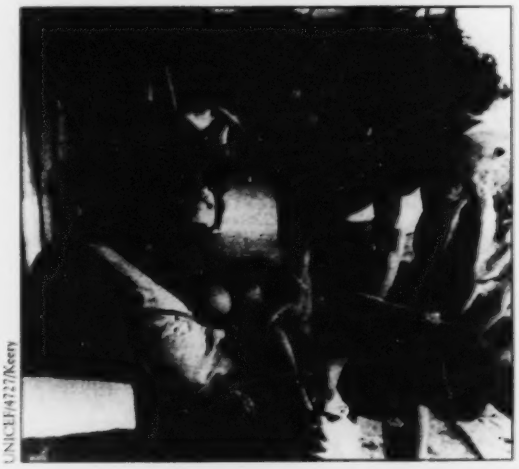
The Canadian UNICEF Committee participated in establishing the Canadian Coalition for Children's Rights, which brought together government representatives and NGOs on a series of child rights initiatives. The Committee expects to play a major role in national training on implementation of the Convention; it produced a training manual and conducted training sessions for media representatives, NGOs, government officials, teachers and individuals. The Hungarian Committee organized and co-funded three regional seminars during the year to explain children's rights and the need for legislative action to implement them. Emphasis was given to ways in which local communities could cope with the deteriorating conditions affecting families during their country's economic and political transition. The seminars were attended by professional and volunteer social workers, local government officials, representatives of charity organizations and NGOs.

The Convention was the basis for four conferences organized by the Swedish Committee and the Swedish Save the Children Federation on the situation of refugee children in Sweden. The conferences attracted 1,800 people, most of whom were teachers, immigration officials and staff of day-care centres, hospitals and refugee camps. The Finnish Committee distributed a free child rights information kit for teachers and sold copies of the publication *It's Only Right!* to the same audience.

◆ CHILD VICTIMS OF WAR: The continued loss of lives and limbs to land-mines that explode long after peace treaties have been signed has drawn widespread support for UNICEF's call for a

A UNICEF Somalia health worker gives ORS to a Rwandese refugee child. The UNICEF family, including National Committees, rallied to help mount an unprecedented international relief operation during the Rwanda crisis.

UNICEF/94-0273/Press



UNICEF/4727/Keery

A mother in Paraguay gives her baby the best start in life. Among the many efforts supported by UNICEF National Committees is the baby-friendly hospital initiative that promotes breastfeeding.

total ban on their production, stockpiling, sale, export and use. The German Committee campaigned for a national ban on the production of land-mines and commissioned a study of the German land-mine industry. The Committee used its GCO sales channels to collect 100,000 signatures and some US$600,000 for the campaign. The United Kingdom Committee devoted its Christmas donor mailing to the land-mine issue, calling for donations as well as letters to the Prime Minister. This political call to action was a first for the UK Committee, which also used the UNICEF publication, *Anti-personnel land-mines: A scourge on children*, to establish contact with all newly elected British members of the European Parliament. The UK Committee also corresponded with more than 100 interested Members of Parliament and officials at the Foreign Office and Ministry of Defence.

The Belgian Committee had the UNICEF publication on land-mines translated into Dutch and distributed. The French Committee organized a three-month UNICEF exhibit on children in armed conflict at the World War Two memorial in Normandy, where 600,000 visitors were expected to see it. The Netherlands Committee and the Anne Frank Foundation organized a special 'I Dream of Peace' exhibit of drawings and poems by children of former Yugoslavia affected by the violence of war. The exhibit, on view from March until September, attracted many visitors.

The impact of war on children was also a major focus of the Belgian and Swedish Committees. The Swedish Committee raised over 3 million Swedish kronor (US$400,000) for the children of former Yugoslavia with a telethon and direct mail campaign.

The Committees also took the decision to help finance the first comprehensive United Nations study on 'The Impact of Armed Conflict on Children', which the Secretary-General will present to the General Assembly in 1996. National Committees contributed US$425,000 to the final phase of this landmark enquiry in 1994.

◆ RWANDA EMERGENCY: During the year, National Committees raised US$25.5 million of the US$58.7 million in contributions through UNICEF for the Rwanda emergency (*see also the profile, 'Record funding for Rwanda emergency'*). A variety of ways were used to raise funds. The UK Committee sent out mailings to churches, greeting card buyers and NGOs between May and September.

The Swedish Committee campaigned for Rwanda through advertisements and direct mail as part of its fund-raising activities for children in war. The Netherlands Committee, in partnership with a consortium of nine humanitarian organizations, raised US$5.6 million for immunization, water supply projects and support for unaccompanied children in Rwanda. The Slovak Committee also reported a successful fund-raising campaign for Rwanda. The Greek Committee sent a well-known journalist to Goma (Zaire) to encourage coverage of the UNICEF role in Rwanda, and the United States Committee produced a public service announcement on the crisis.

◆ BABY-FRIENDLY HOSPITAL INITIATIVE: The US Committee supported UNICEF's international agenda to promote breastfeeding and campaigned locally with the Public Health Association for the baby-friendly initiative. The Luxembourg Committee organized a BFHI seminar for hospital medical staff in collaboration with the Health Ministry, and a working group was later established to promote baby-friendly practices in Luxembourg hospitals.

The United Kingdom Committee formally launched the UK baby-friendly hospital initiative on 22 November after two years of preparatory work with 40 NGOs, medical professional associations and the Department of Health. The launch included the 'Charter for Mothers', which outlines breastfeeding rights. Britain's largest-selling women's magazine, *Take a Break*, initiated its own campaign to ensure acceptance of breastfeeding in public places, including cafés, restaurants, hospital waiting-rooms and public transportation.

◆ DEBT RELIEF: In Zambia, National Committees from Germany, the Netherlands, Switzerland, the United Kingdom and the United States participated in a US$10.8 million UNICEF debt-for-child development conversion,

followed by a similar transaction for US$750,000 by the Canadian UNICEF Committee — the largest undertaking of its kind by UNICEF to date. The Netherlands Committee pioneered debt conversions for children and, with successful transactions completed in six countries (Jamaica, Madagascar, Mexico, Philippines, Senegal, Zambia), has contributed almost 60 per cent of the funds generated by UNICEF through this mechanism.

✦ OTHER ADVOCACY ACTIVITIES: A number of Committees took advantage of celebrations for the International Year of the Family to alert the public to the many obstacles to child survival and development in the world's poorest countries, and several reported new government initiatives to raise the public profile of children's needs. The Day of the African Child was a major event in many countries. Children's Day in Japan was celebrated on 5 May, and Fuji TV marked it with a special programme on Ethiopian children. October was children's month in Canada, and 31 October was National UNICEF Day. In Finland, UNICEF Week was from 17 to 24 October, and December was Children's Month in Greece.

New National Committees were formed in Andorra, the Czech Republic, Estonia and Slovenia during the year, bringing the total number of National Committees officially recognized by UNICEF to 38.

NON-GOVERNMENTAL ORGANIZATIONS

THE scope and influence of NGOs broadened in 1994 to embrace most major areas of UNICEF concern for child survival and development. Following the example of Rotary International with its major financial support for polio eradication, other NGOs also focused on specific goals established by the World Summit for Children. Their adoption of programmes for basic literacy and girls' education, the elimination of IDD, the expansion of ORT use, and advocacy for the Convention on the Rights of the Child are reflected elsewhere in this report.

Rotary International expanded its support for children to include the goal of 'Education for All', with a special focus on girls' education and basic literacy. The need to increase girls' access to education was also the subject of a joint NGO initiative by World Vision, Save the Children (US), the Christian Children's Fund and PLAN International. More than 60 NGOs were involved in the development of education strategies for West Africa's children through the Eastern and Southern African Education for All Network.

Kiwanis International officially launched an international fund-raising campaign in partnership with UNICEF to help eliminate IDD through the iodization of salt. UNICEF Special Representative Roger Moore was appointed Honorary Chairman of the campaign.

Junior Chamber International (JCI) continued its promotion of ORT and the UNICEF 'water wells initiative', which focused on fund-raising for water wells built by local Jaycees within the framework of UNICEF country programmes. The World Organization of the Scout Movement signed an agreement with UNICEF in May to back the ORT effort also.

Voice of Children International, with financial support from the Norwegian Government, launched an international initiative to give children a voice in environmental and child rights issues, in cooperation with UNICEF headquarters, field offices and National Committees.

UNICEF was particularly active during the year in building alliances with NGOs on advocacy for the International Conference on Population and

UNICEF/PIX-216/Schytte

Girls learn the three Rs in a neighbourhood class in Bangladesh. Women's literacy and equal education opportunities for girls are high on the agenda of NGOs working with UNICEF.

Development (Cairo, September 1994), the World Summit for Social Development (Copenhagen, March 1995) and the Fourth World Conference on Women (Beijing, September 1995). The Caucus on the Rights of the Child, and NGO Groups on Girls, in New York and Geneva, concentrated on the incorporation of measures concerning the implementation of the Convention on the Rights of the Child into the conference programmes of action.

During the year, UNICEF also came to rely more heavily on NGOs for their expertise in developing policies and strategies. NGOs were formal partners in the formulation of NPAs in more than 90 countries, and UNICEF Representatives were directed to involve NGOs more closely in the organization's activities as a means of enhancing their dialogue with governments.

In response to complex emergencies, UNICEF and NGOs organized meetings on working in conflict situations, unaccompanied children, children in armed conflict and psychosocial programming for the care of such children.

In May, the Chief Executive Officers of about 60 humanitarian and development NGOs met with representatives from eight United Nations organizations in Geneva to help maintain momentum in the NGO community for implementation of the World Summit Plan of Action. The theme was 'The Contribution of Youth to Lasting Peace', and the meeting discussed, among other subjects, the need to give priority to human development and economic and social justice in all development policies and programmes.

UNICEF and NGO partners sponsored workshops on the issues of domestic violence and gender equity in the classroom at the Vienna preparatory meeting for the Fourth World Conference on Women, and in May, UNICEF, UNIFEM and the Bahá'i International Community hosted a New York symposium on 'Creating Violence-free Families'.

NGOs contributed a total of US$29.3 million for UNICEF-assisted programmes in 1994, of which Rotary International provided about one third. Other important financial contributors included NGO groups in Argentina, Brazil and Mexico, as well as the Bernard Van Leer Foundation, Kiwanis International and Redd Barna (Norwegian Save the Children).

INTERGOVERNMENTAL ORGANIZATIONS

UNICEF/94-0949/Tesfaye

A little girl in rural Haiti looks to a brighter future. UNICEF, working with other UN agencies and the Organization of American States, is funding health, water, education and basic services projects in Haiti.

EXPANSION of the Economic Cooperation Organization (ECO) to include Afghanistan and a number of former Soviet Republics opened the door to a cooperation agreement with UNICEF for such joint activities as workshops on IDD, breastfeeding and ORT/CDD. Afghanistan, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan have been added to the original ECO membership of Iran, Pakistan and Turkey.

In September, UNICEF and the Organization of the Islamic Conference sponsored a symposium in Jeddah on child rights and protection in Islam. It emphasized the compatibility of shariah law with the Convention on the Rights of the Child, and the resulting Declaration calling for ratification and implementation of the Convention was endorsed in December.

The Ministerial Council of the 108-member Movement of Non-Aligned Countries approved a report in May endorsing the 20/20 initiative to combat poverty. In June, OAU supported the UNICEF mid-decade goals for children as well as efforts to promote salt iodization and to draw attention to the AIDS threat to children.

INTERNATIONAL RESPONSE

Record funding for Rwanda emergency

The horrors of Rwanda's civil war in 1994 provoked an outpouring of international concern and an unprecedented financial response to UNICEF appeals for assistance. With more than half of Rwanda's pre-war population of 7.5 million people directly affected by the crisis, UNICEF sought US$55 million for emergency needs and rehabilitation. Within nine months, it had received US$54 million in cash, and an additional US$3.7 million worth of contributions in kind. By the end of the year, more than US$58.7 million had been received.

Some 43 per cent of the total was generated by UNICEF National Committees, eight of which (Netherlands, Germany, United States, United Kingdom, Spain, France, Japan, Italy) raised more than 1 million dollars each. Committees in the Netherlands and Germany contributed US$5.6 million and US$4.6 million respectively.

Government donors had contributed nearly US$19.3 million by the end of the year. The European Union topped the list with US$4.2 million, followed by the United States (US$3.7 million), the United Kingdom (US$3.1 million), Italy (US$2.4 million) and Sweden (US$2.1 million).

With money from the appeal, and as a member of the United Nations inter-agency task force in Rwanda, UNICEF provided substantial food and other relief within the country, and in refugee areas across the border.

UNICEF received more than US$13.9 million for Rwanda's health sector in 1994. Early assessment and rehabilitation of the system included the supply of drugs, equipment, vaccines and logistical support. A plan was prepared for the repair and reactivation of 150 clinics, a recovery centre in the capital, Kigali, and vaccination campaigns.

More than US$10.6 million was provided for the water sector, and the money was used to rehabilitate water supply systems in major and secondary urban areas where the density of displaced populations has created a serious risk of disease epidemics. UNICEF assistance with water supply and environmental sanitation and vaccinations was a critical factor in the control of a cholera epidemic in Goma (Zaire), and the prevention of other disease outbreaks during the emergency.

Some US$7.4 million was spent on an emergency nutrition and food security programme, implemented through WFP and ICRC and several other NGOs. Over a six-month period, UNICEF and its partners reached 1 million children and others at risk, including pregnant and lactating women.

UNICEF partners in Rwanda included UNHCR (in all areas for refugee and displaced populations); WHO (for health and nutrition policy and support); WFP (for nutrition, school feeding and child soldier demobilization); FAO (for food and household food security); UNDP (for planning and infrastructure rehabilitation); UNESCO (for primary education); UNFPA (for family and women's health); and the Commission on Human Rights (for child rights, and food and medical supplies). Leading NGO partners included Médecins sans frontières, OXFAM, Merlin, Save the Children UK and US, Pharmaciens sans frontières, Concern and Catholic Relief Services.

COMMITTEES FOR UNICEF	CONTRIBUTION (in thousands of US dollars)
Netherlands	5,564
Germany	4,641
United States	2,800
United Kingdom	2,437
Spain	2,232
France	1,816
Japan	1,401
Italy	1,140
Switzerland	951
Belgium	752
Hong Kong	517
Australia	280
Canada	255
Austria	203
Greece	152
Republic of Korea	100
Finland	97
Portugal	61
Andorra	49
Israel	16
San Marino	9
Poland	4
TOTAL	25,477

BEST COPY AVAILABLE

GOODWILL AMBASSADORS AND CELEBRITIES

THREE Goodwill Ambassadors undertook major missions to Africa during the year, and four new celebrity spokespersons — Olympic speed skater Johann Olav Koss, television host Mario Kreutzberger and singers Judy Collins and Leon Lai — joined UNICEF.

In August, Harry Belafonte and his wife Julie, an active supporter and fund-raiser for the US Committee for UNICEF, met with President Pasteur Bizimungo of Rwanda and visited UNICEF-assisted centres for unaccompanied children in Rwanda and Goma (Zaire). Both followed up with media campaigns in Canada and the United States.

Tetsuko Kuroyanagi went to Rwanda in September with a Japanese television team and several journalists. She prepared television and newspaper reports on the situation of refugees and unaccompanied children in Goma and Bukavu (Zaire).

Lord Attenborough's 19-day mission in September-October to southern Africa included meetings with King Mswati of Swaziland, President Nelson Mandela of South Africa and other dignitaries as well as film and media representatives.

Roger Moore supported National Committees throughout the year in public appearances, speeches, media interviews and television spots. He visited Albania in May, where he saw problems resulting from iodine deficiency and advocated for a UNICEF initiative with Kiwanis International to eliminate IDD. He also addressed Kiwanian conferences in Nice (France) and New Orleans (USA). Sir Edmund Hillary also supported the IDD initiative as author of a full-page advertisement in *Time* magazine sponsored by the Canon company.

Sir Peter Ustinov, Liv Ullmann, Nana Mouskauri, Julio Iglesias and Youssou N'Dour continued their support for National Committees with media interviews, special appearances and fund-raising appeals. Renato Aragao, Special Representative for Brazilian children, participated in a successful telethon that raised almost US$6 million.

Mario Kreutzberger, who is known as 'Don Francisco' to the more than 80 million Latin American viewers of his weekly television show, was appointed UNICEF Special Representative in March. He visited UNICEF-assisted projects in Chile and included special reports on breastfeeding, IDD and child rights on his show, *Sabado Gigante*.

Popular Hong Kong singer Leon Lai, whose promotional activities and concerts have been a major source of funds for UNICEF in China and Hong Kong, was appointed UNICEF Young Ambassador in July.

The Norwegian speed skater and Olympic gold medallist Johann Olav Koss agreed to support UNICEF as a Special Representative for sports and has invited other athletes to support the Convention on the Rights of the Child.

The American singer Judy Collins also became a UNICEF spokesperson in 1994. She promoted the book *I Dream of Peace* and travelled to Bosnia and Herzegovina and Croatia in November. She wrote *A Song for Sarajevo: I Dream of Peace* and recorded it on her new album. Proceeds from sales of the album will benefit UNICEF and the children of former Yugoslavia.

Archbishop Desmond Tutu delivered a keynote address to the United Nations General Assembly in celebration of the Day of the African Child (16 June), while South African President Nelson Mandela and the late UNICEF Executive Director James P. Grant sent messages via satellite from Soweto (South Africa). The US Committee for UNICEF presented the 'Africa's Future' award to Harry Belafonte.

The soccer World Cup in Los Angeles generated publicity for UNICEF through a feature arti-

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UNICEF Goodwill Ambassador Harry Belafonte talks with an unaccompanied Rwandese child, as staff prepare to take children to a UNICEF-assisted camp run by the NGO Caritas.

UNICEF/94-0443/Press

cle in the World Cup issue of *FIFA*, the magazine published by the International Federation of Association Football; a US$10,000 donation to UNICEF by Mastercard on behalf of FIFA's all-star team; a song, The *Greatest Love of All*, dedicated by the American singer Whitney Houston to UNICEF and the world's children; and 'One Goal for UNICEF' ceremonies, led by groups of children who received the jerseys of the four World Cup finalist teams from the hands of the players, the culmination of a highly successful fund-raising raffle and seen by a television audience of over 2 billion viewers.

UNICEF/94-0697/Lemoyne

UNICEF spokesperson Judy Collins meets with a contributor to the book *I Dream of Peace*, a collection of of drawings and writings by children affected by war in former Yugoslavia.

PARLIAMENTARIANS AND RELIGIOUS LEADERS

UNICEF took advantage of a number of advocacy opportunities in 1994 to extend its collaboration with parliamentarians and religious leaders.

Two sessions of the Inter-Parliamentary Union (IPU), held in Paris (March) and Copenhagen (September), endorsed the call for universal ratification and implementation of the Convention on the Rights of the Child.

Religious leaders were active in championing the cause of children through actions at local and regional levels and through global efforts, such as the Sixth Assembly of the World Conference on Religion and Peace (WCRP), held in Italy in November and inaugurated by Pope John Paul II. The final outcome and recommended actions will generate further collaboration with UNICEF, at headquarters, in the field and with National Committees.

As usual, religious leaders played a prominent role in commemoration of the Day of the African Child (DAC). In addition to an inter-faith service held in New York, many events to mark the occasion were held internationally.

MAYORS

FORTY-SIX mayors from 42 countries attended the Third International Colloquium of Mayors, Defenders of Children (Paris, 7-9 December). The mayors adopted a Declaration calling for a World Summit for Children and Youth for the year 2000 to review and evaluate action by municipal leaders in response to the 1990 World Summit for Children. The Declaration also recognized the Convention on the Rights of the Child as the framework for future action by mayors to promote and protect child rights.

The Colloquium demonstrated that a gathering of mayors who are committed to children and to the human aspect of development is an especially powerful forum for exchanging experiences and solutions to urban problems, no matter how varied the size, character, condition and location of the municipalities.

Hundreds of mayors in all regions of the world have welcomed the opportunity to collaborate with UNICEF as 'defenders of children' by translating NPAs into local government plans of action that meet the more specific needs of their communities.

In the Philippines, the Leagues of Governors and Mayors have formulated goals for each municipality, city and province. In 1994, governors from 76 Philippine provinces committed themselves to meeting the mid-decade goals and monitoring their status, placing special emphasis on children in rural areas. In October, the Government projected that the Philippines would meet its mid-decade goals in 1995.

District and municipal administrations in more than 100 countries from every region have also started to adapt NPAs to community needs. A number of mayors have established service delivery points to coordinate immunization, vitamin distribution, growth monitoring and promotion of basic social services, including health, education, and water and sanitation services.

RESOURCES

UNICEF/93-1043/Press

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UNICEF FINANCES

INCOME

UNICEF derives its income from voluntary contributions from governmental and non-governmental sources.

Contributions from governments and intergovernmental organizations accounted for 67 per cent of total income (68 per cent in 1993), and the rest came from non-governmental sources and other income (*see pie chart on this page*). For estimated governmental and private sector contributions by country, see pages 86 through 92.

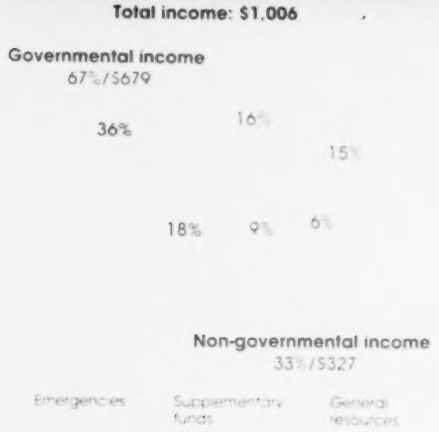
Total income for 1994 was US$1,006 million (compared to US$866 million for 1993). This includes US$213 million (21 per cent) in contributions for emergencies (US$170 million in 1993), US$535 million for general resources (54 per cent) and US$258 million (25 per cent) for supplementary funds.

General resources are available for cooperation in country programmes approved by the Executive Board, as well as programme support and administrative expenditures. The UNICEF programme budget in each country is allocated according to three criteria: under-five mortality rate (U5MR) — the annual number of deaths of children under five per 1,000 births; income level (GNP per capita); and the size of the child population. The table on page 79 shows country programme funds.

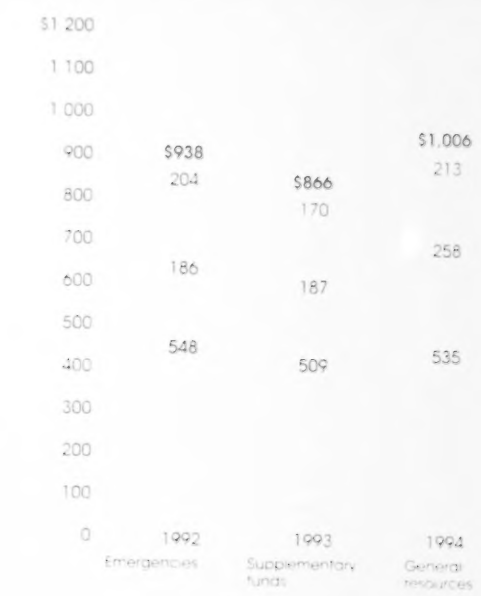
General resources income includes contributions from 101 governments; net income from the sale of greeting cards; funds contributed by the public (mainly through National Committees); and other income.

UNICEF also seeks supplementary funds contributions from governments and intergovernmental organizations to support projects for which general resources are insufficient, or for relief and rehabilitation programmes in emergency situations, which, by their nature, are difficult to predict.

UNICEF INCOME BY SOURCE 1994
(in millions of US dollars)



UNICEF INCOME 1992-1994
(in millions of US dollars)



EXPENDITURES

THE Executive Director authorizes expenditures to meet recommendations approved by the Board for programme assistance. The pace of expenditure depends on the speed of implementation in any country.

In 1994, UNICEF expenditures amounted to US$999 million (1993 US$997 million), summarized in millions of US dollars as follows:

	1992	1993	1994
Supply assistance	352	359	334
Cash and other assistance	392	445	467
Programme support services	92	93	99
Subtotal	**836**	**897**	**900**
Administrative services	86	87	91
Write-offs and other charges	10	13	8
Total expenditures	**932**	**997**	**999**

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LIQUIDITY PROVISION

UNICEF works with countries to prepare programmes so that recommendations can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources to fully cover the costs of these recommendations in advance, but depends on future income from general resources. The organization does, however, maintain a liquidity provision to allow for temporary imbalances between cash received and disbursed, as well as to absorb differences between income and expenditure estimates.

UNICEF maximizes planned general resource programme expenditures based on the requirements of the liquidity provision and on the level of projected general resource contributions.

GOVERNMENT CONTRIBUTIONS

MOST major government donors maintained or increased their financial support in 1994.

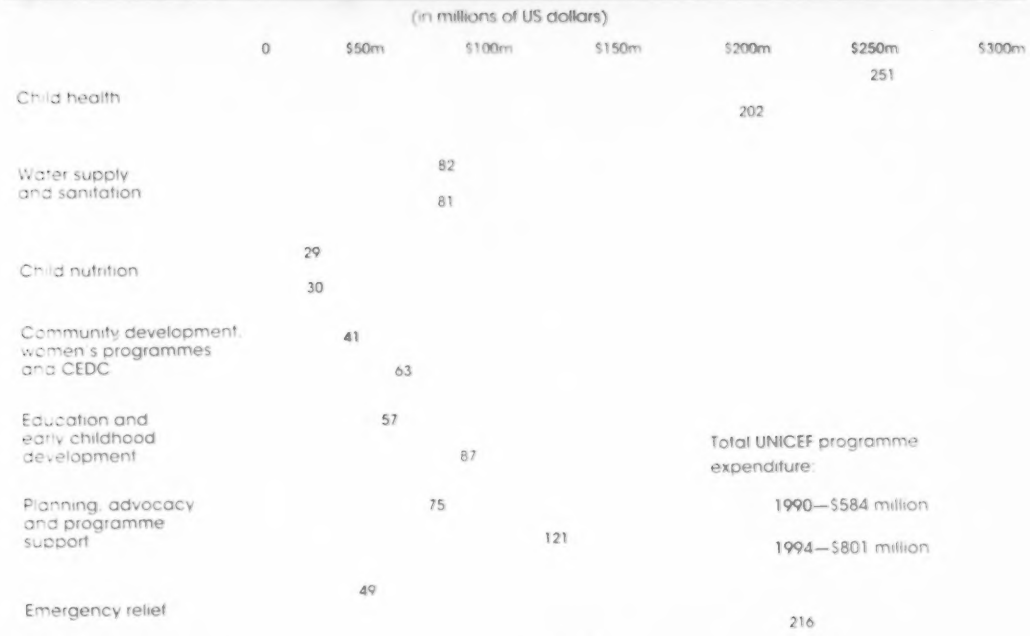
The United States remained the largest donor with a total of US$135.9 million. This was an increase of US$13 million over 1993 and, most important, it included US$100 million for general resources.

Sweden continued to be the largest donor to supplementary funds and the second largest to general resources, contributing a total of US$113.5 million, 15 per cent more than in 1993. Sweden's contributions included US$48 million for general resources (an 8.8 per cent increase over 1993), US$49.5 million for regular supplementary funds (a 22.1 per cent increase), and US$16 million for emergencies (a 20.6 per cent increase). Sweden remains the largest donor of supplementary funds for health and WATSAN programmes and was the most generous donor on a per capita basis.

Canada was the third largest government donor, with a total of US$56.4 million, and the second largest contributor to supplementary funds. Canada provided US$12.9 million for general resources and US$32.7 million in regular supplementary funding, and ranked seventh in emergency funding with US$10.8 million. Major inputs included US$10.5 million for girls' education in Africa, US$10.7 million to fight guinea worm disease and iodine deficiency disorders in 29 African countries, and about US$8.2 million for a micronutrient initiative in Africa.

The Netherlands increased its contributions substantially through all mechanisms and was the fourth largest government donor. Its US$53.6 million input to general resources, supplementary funds and emergencies was 70 per cent more than in 1993.

UNICEF EXPENDITURE ON PROGRAMMES BY SECTOR 1990-1994



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PROGRAMMES FUNDED FROM GENERAL RESOURCES

The following country programmes, approved for multi-year periods, are funded from general resources. Programme recommendations proposed to the 1995 Executive Board sessions are indicated in colour.

Afghanistan	1996-99	$24,000,000
Albania	1993-95	$3,000,000
Algeria	1996-97	$2,000,000
Angola	1996	$3,200,000
Argentina	1996	$1,000,000
Armenia	1995-99	$5,000,000
Azerbaijan	1995-99	$5,000,000
Bangladesh	1996-2000	$88,000,000
Barbados[1]	1994-95	$450,000
Belize	1992-96	$3,750,000
Benin	1994-98	$5,500,000
Bhutan	1992-96	$5,874,000
Bolivia	1993-97	$6,875,000
Botswana	1995-99	$5,200,000
Brazil	1994-2000	$11,900,000
Burkina Faso	1996-2000	$14,000,000
Burundi	1993-97	$7,150,000
Cambodia	1994-95	$4,510,000
Cameroon	1996-97	$2,800,000
Cape Verde	1995-99	$3,750,000
Central African Rep.	1993-97	$6,000,000
Chad	1996-2000	$8,500,000
Chile	1991-96	$5,766,000
China	1996-2000	$100,000,000
Colombia	1993-97	$6,050,000
Comoros	1995-96	$1,500,000
Congo	1992-96	$5,000,000
Costa Rica	1992-96	$3,750,000
Côte d'Ivoire	1992-96	$7,700,000
Cuba	1992-96	$5,000,000
Djibouti	1994-98	$3,500,000
Dominican Republic	1992-96	$5,000,000
E. Caribbean Islands[2]	1993-97	$5,100,000
Ecuador	1994-98	$5,000,000
Egypt	1995-2000	$30,000,000
El Salvador	1992-96	$5,000,000
Equatorial Guinea	1994-98	$3,750,000
Eritrea	1996-2000	$7,500,000
Ethiopia	1994-99	$75,000,000
Gabon	1996	$750,000
Gambia	1992-96	$3,750,000
Georgia	1994-95	$2,000,000
Ghana	1996-2000	$15,000,000
Guatemala	1992-96	$5,000,000
Guinea	1996	$2,000,000
Guinea-Bissau	1994-97	$3,750,000
Guyana	1995-99	$3,750,000
Haiti	1995-97	$5,100,000
Honduras	1991-95	$4,783,000
India	1991-95	$175,000,000
Indonesia	1995-2000	$72,000,000
Iran, Islamic Rep. of	1993-97	$6,000,000
Iraq	1995-96	$3,000,000
Jamaica	1995-96	$1,500,000
Jordan[3]	1993-97	$5,000,000
Kazakhstan[4]	1995-99	$5,000,000
Kenya	1994-98	$22,000,000
Korea, Dem. People's Rep.	1994-98	$5,000,000
Kyrgyzstan[4]	1995-99	$5,000,000
Lao People's Dem. Rep.	1992-96	$6,600,000
Lebanon[3]	1992-96	$5,000,000
Lesotho	1992-96	$5,000,000
Liberia	1994-96	$3,000,000
Madagascar	1996-2000	$15,900,000
Malawi	1992-96	$16,500,000
Malaysia	1994-96	$2,250,000
Maldives	1994-98	$3,750,000
Mali	1993-97	$20,625,000
Mauritania	1994-98	$5,000,000
Mauritius	1996-2000	$3,750,000
Mexico	1990-95	$10,298,000
Moldova[4]	1995-96	$1,500,000
Mongolia	1991-96	$4,761,000
Morocco	1992-96	$13,200,000
Mozambique	1994-98	$42,000,000
Myanmar	1996-2000	$32,500,000
Namibia	1992-96	$5,000,000
Nepal	1992-96	$25,000,000
Nicaragua	1992-96	$5,000,000
Niger	1995-99	$12,200,000
Nigeria	1996	$16,000,000
Oman	1996	$1,000,000
Pacific Islands[5]	1992-96	$7,150,000
Pakistan	1992-96	$71,500,000
Panama	1992-96	$3,750,000
Papua New Guinea	1993-97	$5,260,000
Paraguay	1995-99	$6,000,000
Peru	1992-96	$7,450,000
Philippines	1994-98	$22,500,000
Rwanda	1993-97	$9,900,000
Romania	1995-99	$5,000,000
Sao Tome and Principe	1996	$750,000
Senegal	1992-96	$11,873,000
Seychelles[1]	1994-95	$100,000
Sierra Leone	1996-97	$3,600,000
Somalia	1996	$3,000,000
South Africa	1994-96	$6,000,000
Sri Lanka	1992-96	$6,875,000
Sudan	1996	$5,500,000
Suriname[1]	1994-95	$100,000
Swaziland	1996-2000	$3,750,000
Syria[3]	1996-2000	$5,000,000
Tajikistan[4]	1995-99	$6,250,000
Tanzania	1992-96	$42,511,000
Thailand	1994-98	$10,750,000
Togo	1994-96	$3,000,000
Trinidad and Tobago[1]	1994-95	$100,000
Tunisia	1992-96	$4,705,000
Turkey	1996	$2,200,000
Turkmenistan[4]	1995-99	$5,000,000
Uganda	1995-2000	$32,600,000
Uruguay	1992-96	$3,750,000
Uzbekistan[4]	1995-99	$6,250,000
Venezuela	1991-95	$4,827,000
Viet Nam	1996-2000	$44,000,000
Yemen	1994-98	$12,500,000
Zaire	1996-97	$14,000,000
Zambia	1991-96	$10,760,000
Zimbabwe	1995-2000	$8,400,000

UNICEF cooperates in programmes in 144 countries: 46 in sub-Saharan Africa; 35 in Latin America; 33 in Asia; 19 in the Middle East and North Africa; and 11 in Central and Eastern Europe and Central Asia.

[1] Financed from interregional funding only in 1994: Barbados, Seychelles, Suriname, and Trinidad and Tobago.

[2] Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.

[3] UNICEF is providing assistance for Palestinian women and children in the following: West Bank and Gaza – $2,400,000 for 1996-97; Jordan – $800,000 for 1994-97; Lebanon – $700,000 for 1996-97; Syria – $400,000 for 1996-97.

[4] Programme recommendations to be presented to the May 1995 Executive Board session; figures are tentative until approved.

[5] Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

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Norway was the fifth largest donor with a total contribution of US$47.9 million, including US$36.2 million for general resources, and US$11.6 million for supplementary funds and emergencies.

Italy was the sixth largest donor with US$41.9 million and ranked fourth in supplementary funds (US$9.2 million). Italy more than doubled its support for emergency funded programmes from US$6 million in 1993 to US$14.4 million. Its contribution to general resources decreased over the same period from US$23.8 million to US$18.4 million. Italy is the major contributor to the International Child Development Centre in Florence, at about US$2.2 million a year.

The seventh biggest donor, Denmark, increased its overall contribution by 22 per cent to US$40.6 million. This was the fourth consecutive annual increase in Denmark's contribution to general resources. Denmark was the government donor allocating the largest share of GNP to development assistance.

Japan, in eighth place overall, increased its contribution to general resources by almost 10 per cent to US$28.4 million, making it fourth in terms of support for general resources. Between late 1994 and early 1995 Japan also provided US$7 million in supplementary funded contributions to the Central Asian Republics and Kazakhstan for vaccine purchases.

The United Kingdom dramatically increased its contributions to UNICEF for emergencies, from US$1.4 million in 1993 to US$11.4 million in 1994, although its support for general resources declined.

Finland increased its overall contribution to UNICEF in 1994 by 70 per cent. Its total input to general resources was US$10.1 million.

Australia increased its total contribution by almost 25 per cent, from US$9.3 million to US$11.6 million.

BIENNIAL BUDGET 1996–1997

RESTRUCTURING and reorganization resulting from the UNICEF management study (*see also 'Human resources'*) are expected to lead to changes in the 1996-1997 administrative and programme support budget. Similarly, the establishment of a regional office for Central and Eastern Europe, the Commonwealth of

TOP TWENTY DONORS TO UNICEF

Governments	Contributions (in US$ thousands)	Per capita contribution (in US$)	Committees for UNICEF	Contributions (in US$ thousands)	Per capita contribution (in US$)
United States	135,855	0.53	Germany	56,563	0.70
Sweden	113,506	13.03	France	34,231	0.59
Canada	56,353	2.03	Japan	32,606	0.26
Netherlands	53,552	3.51	Italy	25,086	0.43
Norway	47,869	11.11	Netherlands	25,077	1.64
Italy	41,935	0.73	United States	21,440	0.08
Denmark	40,555	7.81	Spain	18,625	0.48
Japan	34,810	0.28	United Kingdom	15,752	0.27
United Kingdom	25,964	0.45	Switzerland	15,097	2.16
Switzerland	18,871	2.70	Canada	9,288	0.33
European Union	18,667	...	Australia	8,136	0.46
Finland	12,761	2.52	Belgium	5,267	0.52
Australia	11,551	0.65	Hong Kong	3,602	0.61
France	10,614	0.18	Finland	2,746	0.54
Belgium	4,762	0.47	Austria	2,676	0.34
Austria	3,501	0.44	Greece	2,662	0.26
Saudi Arabia	2,000	0.13	Republic of Korea	2,579	0.04
Spain	1,941	0.05	Sweden	2,145	0.25
Germany	1,935	0.02	Denmark	1,880	0.36
Ireland	1,711	0.48	Portugal	1,632	0.17

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Independent States, and the Baltic States, to be approved by the Executive Board, will add to this budget.

The 1996-1997 budget is a baseline budget equal in amount to the 1994-1995 approved budget. It does not take into account additional core and project posts. As authorized by the Executive Board at its first regular session, revisions to the budget will be submitted to the Executive Board in 1995, 1996 and 1997.

The Deputy Executive Director (Operations) and the Budget Planning and Review Committee are to review budgets and country programmes from June to October 1995 in the case of those submitting full or short-duration 'bridging' country programme proposals to the Executive Board in 1996. These reviews will cover budget proposals for the period of the country programme, which in most cases would be 1997-2001.

As a result of these reviews, essential changes to the 1996-1997 baseline budget will be submitted to the Executive Board through the Advisory Committee on Administrative and Budgetary Questions (ACABQ) in 1996 and 1997. The objective of this exercise is to establish an integrated budget policy and method that will increase transparency in the budget and reporting, improve accountability and maintain full correspondence between budgets and country programmes.

GREETING CARD AND RELATED OPERATIONS

THE advocacy and fund-raising capacity of GCO expanded on all fronts in 1994 through the distribution and sale of UNICEF cards and products, and the organization of special events, exhibits and other activities with national and international partners. More than 153 million greeting cards were sold in the 1993-1994 campaign year, compared to 150 million the previous year. Sales volume grew in all regions except North America, with Germany, France and Spain topping the list.

For the fiscal year ended 30 April 1994, net operating income from the sale of cards and other products totalled US$63.4 million. Private sector fund-raising through direct mail campaigns, corporate partnerships and other events brought in US$46.7 million. Net income from the private sector was US$99.4 million, compared to US$107.2 in fiscal year 1992/1993. The main reason for the decline was the strengthening of the US dollar, which resulted in the lowering of GCO's proceeds.

Two million copies of the 'Review of the Year' booklet and 11 million copies of the 'Pocket Diary' were produced and distributed through direct mail fund-raising campaigns. Another 20 million brochures and leaflets promoting the UNICEF card collection and other products were sent to individuals and businesses.

The materials carried UNICEF advocacy messages in many languages. GCO also produced fund-raising information kits and reports for National Committees on Angola, Bangladesh, Colombia, Ethiopia, Nepal, Peru, Rwanda, Senegal, Tanzania and Viet Nam.

The Executive Board decided during the year that, in the future, UNICEF field offices could retain all funds raised through card and other product sales and private fund-raising to support UNICEF programmes in the country. Joint work plans and budgets were initiated with UNICEF Representatives for the 1995 fiscal year to better integrate fund-raising activities with country programmes.

GCO established Regional Support Centres for Latin America and Asia to provide technical expertise and training in marketing and sales, private sector fund-raising and operations and finance. A workshop for GCO field staff was held in New York with the aim of substantially increasing card and other product sales and private sector fund-raising in the regions.

The Fund Raising Development Programme for National Committees and Field Offices has generated direct returns totalling US$20.7 million on an initial investment of US$11.9 million since 1991. A total of 555,000 new donors, 60,000 of them monthly pledge donors, have signed on.

The Executive Board approved a market development programme in 1994 to support activities designed to increase sales. To date, 16 National Committees have submitted proposals for funding under the programme to support projects such as expanding sales to the business sector, increasing mail order sales and testing sales through major distributors.

The 'One Goal for UNICEF' fund-raising project, in conjunction with the World Cup USA 1994, produced a net profit of about US$1.5 mil-

Hong Kong Committee for UNICEF

Children at the Hong Kong Committee for UNICEF help count proceeds from the 'Change for Good' programme.

lion from a postcard raffle of football jerseys donated by a number of countries, including four World Cup finalists. Millions of dollars worth of television commercials as well as newspaper and magazine advertising were donated to National Committees and field offices for the event. The donation ceremony during the final game had a television audience of more than 2 billion people.

Brazil's 'Criança Esperança' (Child Hope) fund-raising campaign had a record year, generating US$5.6 million for UNICEF-supported programmes in Brazil.

Nine airlines are currently running the UNICEF 'Change for Good' programme, and 17 are considering participation. The programme collects currency from air passengers at their departure from foreign countries. More than US$4 million has been raised since 1991 through the cooperation of National Committees for UNICEF with their national airline carriers.

GCO produced a 3,500-square-foot interactive multimedia presentation, 'The Gift of Rights to the World's Children', for the 40th anniversary of the Japan Committee for UNICEF. It will be seen in Europe and the United States after a tour of eight Japanese cities.

Other exhibits during the year included 'Girls and Girlhood', which travelled throughout the United States; 'No War Anymore', which was featured in France for four months; 'Africa's Children: Africa's Future' (United States); and 'Reaching Goals and Keeping Promises' (United Nations, New York).

INFORMATION RESOURCES

STANDARD computer applications for programme statistics, goals monitoring and training management were prepared for field offices in 1994. Office inventory management and contacts and publications distribution management systems were in advanced stages of development. Work continued on upgrading standard field office computer systems to support budget management, supply management and finance/accounting.

Headquarters locations and major field offices were completing installation of 'local area networks' (LANs) to improve work-group office automation, including e-mail and word processing. A replacement minicomputer to support administrative systems, such as finance, personnel and supplies, was selected and installed in New York and Copenhagen. The personnel system was also converted. The process of transferring headquarters computer applications to the new computer platform will take several more years.

UNICEF has also developed a number of 'executive information' applications in child survival and fund-raising to allow monitoring of key information. New executive information systems were developed in the areas of human resources, travel management and financial advances to governments for programmes.

A range of electronic information, including the publications, *The State of the World's Children* and *The Progress of Nations*, was uploaded on the UNICEF Internet gopher service, and thus made available to users in more than 100 countries. Some UNICEF offices are now using e-mail via the Internet. In-house electronic textbases have been created, containing, for example, the mid-decade goals, Executive Board decisions, country programmes, annual reports and many other documents.

Computer literacy programmes have been designed for all headquarters executive staff, and about half the training activities were completed for 60 senior management staff in New York. Computer literacy training for staff at large continued.

OFFICE OF INTERNAL AUDIT

THE Office of Internal Audit assists the UNICEF Executive Director in the assessment of existing systems, procedures and controls for management review and improvement. In 1994, it completed 44 audits, most of them in UNICEF field offices.

It was felt that, in terms of programme cooperation, field offices needed to emphasize efficiency and economy, rather than quantity. It was then decided that the quality of cooperation would benefit if there were: fewer activities and more focus on programmes and projects directly benefiting children and women; more realistic programme approaches in countries with limited absorptive capacity; greater conformity of call-forwards with the plan of operations; improved phasing of call-forwards with actual programme progress; more balance between supplies on hand and those in the pipeline; more effective cash assistance management; reduced advances to governments coupled with increased reimbursements for actual programme implementation; and more systematic field observations and follow-up.

Because programme cooperation was at the heart of UNICEF's work, planning and implementation of country programmes required greater support from all sections in the field office. At the same time, however, office management and internal administration needed to be given more attention if wastage was to be avoided.

It was thought that UNICEF needed to establish processes to assess managerial accountability at all levels. Systems and procedures had to be put in place and available information analysed to provide senior UNICEF managers with the indicators necessary to improve operations. It was found that internal audit, as a concept, was not fully understood within the organization. The function is more than just a means of financial control; it has to do with the accountability of staff members and the consistent application of management standards.

SUPPLY MANAGEMENT

THE Rwanda crisis in 1994 showed just how important the UNICEF supply structure and the Copenhagen warehouse were in an emergency. More than 630 metric tons of supplies were air-freighted from Australia, Denmark and Kenya or trucked from Kenya and South Africa. These included 150 vehicles: Toyota Landcruisers, Isuzu and Mitsubishi pick-ups from Japan and several heavy trucks from France and Italy. Some vehicles were shipped directly from Japan or Europe to Nairobi and then driven to Rwanda. Radio equipment from Australia was air-freighted through Nairobi.

Also included in shipments were water distribution and purification equipment, vaccines, oral rehydration salts, essential pharmaceuticals, blankets and tents. Seven staff members were seconded from Copenhagen on emergency assignments to Goma (Zaire), Kigali, Johannesburg and Nairobi.

Technical water supply problems encountered during the Rwanda emergency led a UNICEF procurement officer to design a new trailer-mounted water tank that was successfully tested in Haiti. This unit can pump, filter and purify 20 cubic metres of water an hour, passing it to a 40-cubic-metre storage tank. It can be towed by any four-wheel-drive vehicle and can provide 10,000 to 15,000 people with safe drinking water daily.

During the year, specifications were developed for a lighter well-drilling rig that will be cheaper to supply and to maintain with spare parts in areas where conditions allow the use of lighter equipment. The rig is expected to be field tested

Sacks of food build up at a northern Kenya airport before being air-dropped in southern Sudan.

UNICEF/93-1037/Press

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A Rwandese refugee girl makes use of clean water provided by UNICEF at a camp near Goma (Zaire). Safe water supply is critical in an emergency.

UNICEF/94-0573/Murray-Lee

in the Lao People's Democratic Republic, Liberia and Senegal.

The Supply Division was also involved in efforts towards universal iodization of salt, identifying sources for raw materials and appropriate mixing, grinding and packing equipment suitable for small plants. Comprehensive guidelines on salt iodization were made available to field offices and other aid agencies.

UNICEF global supply activity increased steadily in 1994 with purchase orders placed worldwide increasing to more than US$380 million, compared to US$373 million in 1993. Purchasing for UNICEF field programmes declined from US$246 million in 1993 to US$241 million, while purchases to maintain stocks in the Copenhagen warehouse rose from US$90 million to US$95 million. Administrative purchasing also increased, from US$11 million to US$13 million, as did purchasing on behalf of governments and other partners (the United Nations system and NGOs), from US$26 million to US$27 million.

Shipments handled by the warehouse, however, fell from a record US$112 million in 1993 to about US$100 million. This was largely due to delays late in the year caused by industrial action by non-UNICEF warehouse workers.

Supplies under procurement services for governments, United Nations agencies and NGOs amounted to some US$70 million in 1994, compared to US$72 million in 1993. Major customers included the Bangladesh Government (US$8.8 million) and the Japan International Cooperation Agency (US$10.8 million in shipments from the warehouse and direct from suppliers).

HUMAN RESOURCES

AT the end of 1994, UNICEF had almost 7,500 staff assigned to some 244 locations in 131 countries, serving mothers and children in 144 countries. About 2,000 of these are professional staff, both international and national, while the balance are general service and support staff. There are 76 fully established country offices headed by a Representative — more than twice the number a decade ago.

The continued high priority that UNICEF gives to its work in Africa is reflected in the fact that 41 per cent of all staff are assigned to the countries of sub-Saharan Africa. South Asia and East Asia and the Pacific have 23 per cent; Latin America and the Caribbean 10 per cent; and the Middle East and North Africa 9 per cent. The remaining 17 per cent serve in New York, Geneva, Copenhagen and Florence, or in recently created offices in CEE/CIS and the Baltic States.

As UNICEF operations continue to expand, recruitment and placement policies promote the employment of more women and more nationals of developing countries. The goal of 40 per cent of women throughout the professional grades was achieved by the end of 1994 both for international and national officers.

At that date, 3 Regional Directors, 21 Representatives and 5 Assistant Representatives were women. The number of director-level posts filled by women has more than doubled in the past 10 years from 10 to 21 per cent. More than 40 per cent of UNICEF consultants are also women (although no target was established for this), and women represented 51 per cent of all international professionals recruited externally in 1994.

UNICEF staff now include people of 153 different nationalities. Among the professional staff, both national and international, 67 per cent are from developing countries and 33 per cent from industrialized countries.

Achieving a better balance in geographical representation is a continuing concern for UNICEF. National professional officers, whose numbers have increased from 154 in 1980 to over 1,000 in 1994, are an important resource for UNICEF. Working within their own countries, they make a unique contribution to UNICEF through their knowledge of their country, its language and culture. Those who subsequently become international staff members strengthen the organization's work with their particular perspective and solid experience.

General service personnel make up almost two thirds of overall UNICEF staff. While most serve only in their countries of origin, there has been substantial growth in recent years in the international general service category. In 1994, these staff were serving in 26 countries in all seven UNICEF regions, several of them in emergency countries. UNICEF general service staff also played an important role on temporary assignments to major United Nations peace-keeping and other activities, such as the United Nations Operation in Somalia (UNOSOM).

Since 80 per cent of UNICEF staff work in the field, responsibility for the management of this growing and diverse work-force is increasingly decentralized. Regional Personnel Officers in four of the Regional Offices assist and advise heads of offices.

Personnel staff at the field office level throughout UNICEF recruit national officers and general service staff and manage staff assigned to the office, on a day-to-day basis.

The Division of Personnel in New York recruits and rotates international staff among UNICEF field offices and headquarters divisions. The Division takes overall responsibility for the conditions of service and welfare of UNICEF staff worldwide, and for the development of policies and procedures that respond both to the aspirations of staff and to the needs of the organization.

The recommendations of the management study carried out in 1994, which placed human resources issues at the top of the agenda for management reform and change, challenge the organization to commit itself to major restructuring of policy and procedures. Work is already under way in several priority areas, including recruitment and rotation policy, career development, and short-term and emergency service. To ensure maximum staff participation in policy development, this work will be carried out in close consultation with the Global Staff Association.

The problems encountered by staff working in emergency situations are a special preoccupation. UNICEF has almost 15 per cent of its staff members deployed in emergency countries, and it is estimated that about 30 per cent of headquarters personnel are devoted to their support.

In 1994, the number of UNICEF staff who died as victims of violence was 16, of whom 14 were in Rwanda.

The complex and protracted crisis in Rwanda placed exceptional strains on the organization. Over a period of three months more than 100 UNICEF staff, drawn from all regions and all levels, were deployed to Rwanda and the refugee camps in neighbouring countries. Crucial support was also provided to the Haiti Office as it prepared for the restoration of constitutional rule in the country.

Emergency preparedness continues to be an important focus of training activities. Some 550 staff from four regions were trained in emergency management during 1994.

Against a background of increasing threats to the physical safety of staff, security preparedness measures were intensified, and critical incident and cumulative stress management training sessions were held in several regions. Regional Personnel Officers underwent a comprehensive security briefing in late 1994, and a draft field security handbook has been prepared. The Security Coordinator liaises with the office of the UN Security Coordinator and provides security guidance and support to offices throughout the world.

UNICEF/90-0025/Tolmie

GOVERNMENTAL AND PRIVATE SECTOR CONTRIBUTIONS TO UNICEF, 1994[1]

GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
AFGHANISTAN									
35.291		35.291							35.291
ALGERIA									
25.000		25.000				249.350		249.350	274.350
ANDORRA									
				49.105	49.105				49.105
ANGOLA									
						22.329		22.329	22.329
ARGENTINA									
						401.546	1.485.015	1.886.561	1.886.561
AUSTRALIA									
3.829.788	7.720.999	11.550.787	1.519.614	6.616.174	8.135.788	8.807		8.807	19.695.382
AUSTRIA									
1.791.662	1.709.402	3.501.064	1.419.831	1.256.331	2.676.162		2.612	2.612	6.179.838
BAHRAIN									
						145.298		145.298	145.298
BANGLADESH									
12.150		12.150				82.813		82.813	94.963
BARBADOS									
2.000		2.000				38.449		38.449	40.449
BELGIUM									
2.031.251	2.730.594	4.761.845	4.515.489	751.950	5.267.439		31.250	31.250	10.060.534
BELIZE									
						1.366		1.366	1.366
BENIN									
3.000		3.000				21.203	1.894	23.097	26.097
BERMUDA									
						114		114	114
BHUTAN									
6.800		6.800				2.824		2.824	9.624
BOLIVIA									
35.000		35.000				92.168		92.168	127.168
BOTSWANA									
9.788		9.788				11.159		11.159	20.947
BRAZIL									
300.000		300.000				2.822.898	6.864.600	9.687.498	9.987.498
BRITISH VIRGIN ISLANDS									
19.217		19.217							19.217
BURKINA FASO									
	3.400.000	3.400.000				26.540	13.422	39.962	3.439.962
BURUNDI									
3.704		3.704				10.539		10.539	14.243
BULGARIA									
			142.564		142.564				142.564
CAMBODIA									
						2.932		2.932	2.932
CAMEROON									
						57.805		57.805	57.805
CANADA									
12.888.889	43.463.751	56.352.640	3.419.191	5.868.318	9.287.509	73	14.926	14.999	65.655.148
CAPE VERDE									
2.025		2.025				6.784		6.784	8.809

[1] In US dollars. [2] $5.1 million provided by AusAID, formerly AIDAB.

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
CENTRAL AFRICAN REPUBLIC									
	114.000	114.000				15.336		15.336	129.336
CHAD									
						10.296		10.296	10.296
CHILE									
76.000		76.000				34.116		34.116	110.116
CHINA									
1.000.000		1.000.000				84.277	1.609	85.886	1.085.886
COLOMBIA									
450.000		450.000				570.044	34.794	604.838	1.054.838
COMOROS									
199		199				4.715		4.715	4.914
CONGO									
						15.739		15.739	15.739
COSTA RICA									
						32.043		32.043	32.043
CÔTE D'IVOIRE									
						77.921		77.921	77.921
CUBA									
23.723		23.723				107.294		107.294	131.017
CYPRUS									
1.000		1.000				268.760	18.680	287.440	288.440
CZECH REPUBLIC									
71.942		71.942				60.267		60.267	132.209
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA									
37.915		37.915							37.915
DENMARK									
26.634.720	13.920.723	40.555.443	1.695.772	184.077	1.879.849				42.435.292
DJIBOUTI									
2.000		2.000				13.063		13.063	15.063
DOMINICA									
1.239		1.239							1.239
DOMINICAN REPUBLIC									
6.667		6.667				123.140		123.140	129.807
ECUADOR									
15.548		15.548				254.264	83.346	337.610	353.158
EGYPT									
20.406		20.406				95.812		95.812	116.218
EL SALVADOR									
50.000		50.000				33.223		33.223	83.223
EQUATORIAL GUINEA									
						4.288		4.288	4.288
ETHIOPIA									
40.656		40.656				49.922		49.922	90.578
FIJI									
3.357		3.357				3.235		3.235	6.592
FINLAND									
10.136.758	2.623.987	12.760.745	1.668.132	1.077.996	2.746.128		8.903	8.903	15.515.776
FRANCE									
9.844.583	769.705	10.614.288	29.194.020	5.036.996	34.231.016	1.144		1.144	44.846.448
GABON									
						3.443		3.443	3.443
GAMBIA									
						4.748		4.748	4.748

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
GERMANY	1.935.385	1.935.385	37.466.895	19.095.869	56.562.764		12.757	12.757	58.510.906
GHANA						21.440		21.440	21.440
GIBRALTAR						17.931		17.931	17.931
GREECE	200.000	200.000	2.500.837	161.529	2.662.366	472		472	2.862.838
GUATEMALA	1.033.701	1.033.701				61.967		61.967	1.095.668
GUINEA						26.936		26.936	26.936
GUINEA-BISSAU						17.652	6.231	23.883	23.883
GUYANA	866	866							866
HAITI						15.178		15.178	15.178
HOLY SEE	3.000	3.000							3.000
HONDURAS	35.615	153.000	188.615			35.029		35.029	223.644
HONG KONG	29.211	29.211	2.019.019	1.582.916	3.601.935				3.631.146
HUNGARY	43.564	43.564	176.729		176.729				220.293
ICELAND	147.500	147.500				25.553		25.553	173.053
INDIA	955.129	955.129				666.279		666.279	1.621.408
INDONESIA	315.000	315.000				322.681		322.681	637.681
IRAN						89.972		89.972	89.972
IRAQ	290.323	2.258.065	2.548.388			-34.146		-34.146	2.514.242
IRELAND	1.100.920	610.525	1.711.445	768.806		768.806	24		24	2.480.275
ISRAEL	110.432		110.432	21.586	16.150	37.736				148.168
ITALY	18.354.431	23.580.393	41.934.824	20.480.857	4.604.870	25.085.727				67.020.551
JAMAICA	518		518				28.776		28.776	29.294
JAPAN	28.430.000	6.380.000	34.810.000	24.942.426	7.663.086	32.605.512	18.163	111.244	129.407	67.544.919
JORDAN	28.531		28.531				68.564		68.564	97.095
KENYA							56.073	43.609	99.682	99.682
KUWAIT	200.000		200.000				14.006		14.006	214.006
LAO PEOPLE S DEMOCRATIC REPUBLIC	5.000		5.000				4.098		4.098	9.098

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
LATVIA									
						2.075		2.075	2.075
LEBANON									
						147.337		147.337	147.337
LESOTHO									
2.153		2.153				1.824		1.824	3.977
LIBERIA									
						5.033		5.033	5.033
LIBYA									
						113.678		113.678	113.678
LIECHTENSTEIN									
	37.594	37.594							37.594
LITHUANIA									
						5.056		5.056	5.056
LUXEMBOURG									
161.290	521.235	682.525	780.242	152.874	933.116	506		506	1.616.147
MACEDONIA, FORMER YUGOSLAV REP OF									
						2.024		2.024	2.024
MADAGASCAR									
931	350.000	350.931				36.963	13.542	50.505	401.436
MALAWI									
556		556				9.302	132.802	142.104	142.660
MALAYSIA									
84.000		84.000				91.432		91.432	175.432
MALDIVES									
5.115		5.115							5.115
MALI									
	6.667	6.667				19.820	18.939	38.759	45.426
MALTA									
4.194		4.194				8.826		8.826	13.020
MAURITANIA									
	219.476	219.476				19.970		19.970	239.446
MAURITIUS									
6.557		6.557				61.599		61.599	68.156
MEXICO									
200.000	96.774	296.774				625.679	483.131	1.108.810	1.405.584
MONACO									
15.417		15.417				41.910		41.910	57.327
MONGOLIA									
19.579		19.579				-30		-30	19.549
MOROCCO									
73.500		73.500				404.685		404.685	478.185
MOZAMBIQUE									
						37.002		37.002	37.002
MYANMAR									
305.816		305.816				275.368		275.368	581.184
NAMIBIA									
2.000		2.000				4.360		4.360	6.360
NEPAL									
7.000		7.000				7.065		7.065	14.065
NETHERLANDS									
23.210.290	30.341.373	53.551.663	6.134.003	18.943.442	25.077.445				78.629.108
NEW ZEALAND									
500.000	144.052	644.052	280.876	116.700	397.576				1.041.628

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	* SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
NICARAGUA									
						17.477		17.477	17.477
NIGER									
						15.891		15.891	15.891
NIGERIA									
26.899	16.626	43.525				259.518	2.223	261.741	305.266
NORWAY									
36.281.074	11.588.264	47.869.338	1.346.828	38.546	1.385.374		29.520	29.520	49.284.232
OMAN									
						84.290		84.290	84.290
PAKISTAN									
49.210	100.000	149.210				149.748		149.748	298.958
PANAMA									
						36.543		36.543	36.543
PAPUA NEW GUINEA									
						16.036		16.036	16.036
PARAGUAY									
						74.382		74.382	74.382
PERU									
	2.684.000	2.684.000				367.077	78.727	445.804	3.129.804
PHILIPPINES									
199.469		199.469				207.242	6.099	213.341	412.810
POLAND									
17.621		17.621	456.436	4.120	460.556				478.177
PORTUGAL									
40.000	21.484	61.484	1.418.835	213.239	1.632.074	164		164	1.693.722
QATAR									
						31.756		31.756	31.756
REPUBLIC OF KOREA									
900.000		900.000	2.016.506	562.515	2.579.021		29.900	29.900	3.508.921
ROMANIA									
3.273		3.273	156.103		156.103		1.000	1.000	160.376
RUSSIAN FEDERATION									
500.000		500.000							500.000
RWANDA									
						-14		-14	-14
SAINT LUCIA									
2.586		2.586							2.586
SAN MARINO									
6.132		6.132		9.489	9.489				15.621
SAUDI ARABIA									
2.000.000		2.000.000				294.074		294.074	2.294.074
SENEGAL									
						114.822	150.500	265.322	265.322
SIERRA LEONE									
						90		90	90
SINGAPORE									
10.000		10.000				210.907	67.074	277.981	287.981
SLOVAKIA									
			31.471		31.471				31.471
SLOVENIA									
			619.320		619.320				619.320
SPAIN									
1.940.733		1.940.733	6.671.744	11.953.379	18.625.123		30.000	30.000	20.595.856

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
SRI LANKA									
33.386		33.386				43.600		43.600	76.986
SUDAN									
	203.728	203.728				83.137		83.137	286.865
SWAZILAND									
2.333		2.333							2.333
SWEDEN									
48.024.134	65.482.166	113.506.300	1.500.625	644.791	2.145.416				115.651.716
SWITZERLAND									
13.200.000	5.671.367	18.871.367	9.835.576	5.261.249	15.096.825	572.753	394.529	967.282	34.935.474
SYRIA									
						97.620		97.620	97.620
THAILAND									
81.241		81.241				174.810	4.320	179.130	260.371
TOGO									
						7.089		7.089	7.089
TRINIDAD AND TOBAGO									
						32.963		32.963	32.963
TUNISIA									
35.749		35.749				130.726		130.726	166.475
TURKEY									
100.000	50.000	150.000	1.247.784	7.000	1.254.784				1.404.784
UGANDA									
855		855				34.481		34.481	35.336
UNITED ARAB EMIRATES									
375.000		375.000				28.972	249.668	278.640	653.640
UNITED KINGDOM									
13.178.295	12.785.781	25.964.076	1.511.042	14.241.240	15.752.282				41.716.358
UNITED REPUBLIC OF TANZANIA									
2.383		2.383				71.509		71.509	73.892
UNITED STATES									
100.000.000	35.855.371	135.855.371	6.482.149	14.957.940	21.440.089				157.295.460
URUGUAY									
						247.308		247.308	247.308
VENEZUELA									
114.666		114.666				116.304	70.794	187.098	301.764
VIET NAM									
11.367		11.367				12.273		12.273	23.640
YEMEN									
16.730		16.730					30.500	30.500	47.230
YUGOSLAVIA (FORMER)									
						96	3.080	3.176	3.176
ZAIRE									
	470.432	470.432				27.742		27.742	498.174
ZAMBIA									
454		454				29.431		29.431	29.885
ZIMBABWE									
4.116		4.116				58.932		58.932	63.048
SUBTOTAL									
361.418.422	279.050.620	640.469.042	172.441.308	121.071.891	293.513.199	12.899.788	10.531.240	23.431.028	957.413.269

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INTERGOVERNMENTAL, NON-GOVERNMENTAL AND UN SYSTEM CONTRIBUTORS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
EUROPEAN UNION									
	18,667,415	18,667,415							18,667,415
OPEC FUND									
	150,000	150,000							150,000
B. VAN LEER FOUNDATION, NETHERLANDS									
							281,899	281,899	281,899
CANADIAN PUBLIC HEALTH ASSOCIATION									
							421,395	421,395	421,395
IDRC, CANADA									
							30,134	30,134	30,134
REDD BARNA, NORWAY									
							67,567	67,567	67,567
ROTARY INTERNATIONAL, USA									
							11,375,965	11,375,965	11,375,965
SASAKAWA FAMILY, JAPAN									
							2,993,000	2,993,000	2,993,000
TETSUKO KUROYANAGI, JAPAN									
							2,818,181	2,818,181	2,818,181
UN STAFF									
						4,748	24,700	29,448	29,448
UN WOMEN'S GUILD									
							16,666	16,666	16,666
ILO, GENEVA									
							14,000	14,000	14,000
UN, DHA/CERF									
							2,226,757	2,226,757	2,226,757
UN, DHA/IRAQ									
							4,576,455	4,576,455	4,576,455
UN SECRETARIAT									
							479,147	479,147	479,147
UNCDF, NEW YORK									
							100,380	100,380	100,380
UNDP, NEW YORK									
							150,215	150,215	150,215
UNFPA, NEW YORK									
							2,122,442	2,122,442	2,122,442
UNHCR, GENEVA									
							50,184	50,184	50,184
WHO, GENEVA									
							40,000	40,000	40,000
WORLD BANK									
							10,500,000	10,500,000	10,500,000
SUBTOTAL									
	18,817,415	18,817,415				4,748	38,289,087	38,293,835	57,111,250
LESS COST OF GREETING CARDS									
			-24,124,620		-24,124,620	-4,876,833		-4,876,833	29,001,453
LESS GCO FISCAL PERIOD ADJUSTMENT									
									-27,644,060
GRAND TOTAL									
361,418,422	297,868,035	659,286,457	148,316,688	121,071,891	269,388,579	8,027,703	48,820,327	56,848,030	957,879,006

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ANNEX

Executive Board

AFTER the United Nations General Assembly adopted resolution 48/162 (20 December 1993) on the restructuring and revitalization of the United Nations in the economic, social and related fields, the UNICEF Executive Board devoted a great deal of attention to the reform of its working methods.

The Board decided to hold three regular sessions in 1994, each lasting between three and five days (23-25 February, 25-29 April, 3-5 October), and one week-long annual session (2-6 May). It was also decided that the number of Board members should be reduced from 41 to 36.

At its first regular session, the Executive Board concentrated on procedural and managerial issues related to the implementation of resolution 48/162 (see decision 1994/R.1/1). Two committees of the whole (previously responsible for programme and administrative and financial matters) were abolished, and it was decided that the Board should establish ad hoc groups on specific issues as required. The size of the Bureau was also reduced to consist of a President and four Vice-Presidents, representing five regional groups.

The Board also decided that annual sessions should deal with those major policy issues that have broad interest, coordination questions, issues requiring input to or output from the Economic and Social Council, and the introduction of new initiatives. Regular sessions would deal with programme, budget, sectoral and organizational issues and the implementation of new initiatives (decision 1994/R.1/2).

In keeping with resolution 48/162, the Executive Board requested the secretariat to compare the cost of establishing conference facilities at UNICEF headquarters with the cost of holding regular sessions at United Nations Headquarters. A feasibility study was presented to the Board at its third regular session, and the Board decided to continue to discuss this issue in 1995 (decision 1994/R.3/8).

After discussion at its first regular session, the Executive Board revised its rules of procedure at the May 1994 annual session (decision 1994/A/10) to address the need for participation by members of the broad UNICEF constituency, including National Committees and NGOs.

The Board took the following decisions:

◆ MAURICE PATE AWARD: At its first regular session, the Executive Board decided to present the 1994 UNICEF Maurice Pate Award to the All-China Women's Federation (decision 1994/R.1/5). The US$25,000 award recognized the Federation's visionary combination of traditional practices and modern methods to promote health education and children's rights nationwide. It was noted that the Federation had used its trained network of women's groups to reach women and children in all 30 provinces.

◆ POLICY DECISIONS: At the annual session, the Executive Board adopted a number of decisions related to follow-up to the World Summit for Children. The Board invited all countries to review their NPAs to ensure that mid-decade goals were incorporated into their national planning processes and that there were mechanisms for monitoring progress. It noted that the World Summit for Social Development would provide an opportunity for countries to report progress on promises made at the World Summit for Children (decision 1994/A/2).

◆ GENDER EQUALITY: The Board requested that the Executive Director give high priority to the promotion of gender equality and gender-sensitive development programmes, taking into account the special needs of individual countries, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Suggested action included the development of gender-sensitive indicators and gender-specific goals in NPAs; integration of gender concerns in country programmes; and promotion of both Conventions.

The Executive Director was also requested to review the proportion of resources to be allocated in the medium-term plan (1994-1997) to support gender equality and the empowerment of girls and women, and to participate in preparations for the Fourth World Conference on Women, emphasizing the synergy between gender equality and the goals of the World Summit for Children (decision 1994/A/4).

In a follow-up to the multi-donor evaluation (decision 1994/A/8), the Board reaffirmed that

recipient Governments had primary responsibility for formulating country programmes and for coordinating and integrating all external assistance into their development programmes.

Taking note of the medium-term plan (E/ICEF/1994/3 and Corr.1) as a framework for financial projections for 1994-1997, the Board approved the preparation of up to US$820 million in programme expenditures from general resources, to be submitted in 1995. The Executive Director was requested to rationalize both the format and presentation of his report and the medium-term plan (decision 1994/A/1).

◆ COUNTRY PROGRAMMES AND RELATED MATTERS: The Executive Board approved a total of US$329,400,388 from general resources and US$604,007,000 in supplementary funds for country programmes (decision 1994/R.2/6). The Board decided to discuss early in 1995 ways of improving its process for consideration and approval of country programme recommendations (decision 1994/R.2/8).

The Board authorized a three-year extension for the International Child Development Centre in Florence, with a total allocation of US$9.6 million in supplementary funding. About US$6.3 million of that amount was pledged by the Government of Italy for the Centre's core activities. The remainder was to be sought from other donors for specific activities (decision 1994/R.2/10).

The Executive Board reaffirmed that Africa was the region of greatest need and its highest priority. It asked the Executive Director to propose appropriate increases in the human and financial resources allocated for country programmes in Africa (decision 1994/A/3).

Endorsing the UNICEF policy for Central and Eastern Europe, the Commonwealth of Independent States, and the Baltic States, the Board stipulated that support to those States should not detract from programmes for developing countries (decision 1994/R.2/9). This policy (see E/ICEF/1994/L.12) involves the integration of emergency responses and longer-term planning, as well as flexibility in facilitating the roles of other partners in the region. At its third regular session, the Executive Board approved US$2 million for administrative and programme support activities for the region in 1995. As previously authorized, existing international Professional and General Service posts associated with the programme would continue to be funded through 1995 (decision 1994/R.3/7).

The Executive Board requested that UNICEF monitor closely the rapidly changing opportunities to support Palestinian children and women, and to prepare a review paper for 1995 on related programme needs (decision 1994/R.2/7).

◆ EMERGENCY OPERATIONS: At its annual session, the Board thanked the Executive Director for drawing attention to the devastating impact of land-mines and unexploded devices on children and women (decision 1994/A/6). It also expressed appreciation for UNICEF relief efforts in Rwanda and called for continued support for the immediate and long-term needs of displaced and refugee children in particular (decision 1994/A/7).

At its first regular session, the Executive Board approved an increase in the Emergency Programme Fund (EPF) from US$14 million to US$30 million for the 1994-1995 biennium (decision 1994/R.1/7). At the annual session, the Board recognized the need for greater consistency, clarity and transparency in the presentation of budgetary information on the use of emergency funds (decision 1994/A/5). The Executive Director was requested to report to the Board in 1995 on the proportion of emergency funding that also contributes to UNICEF development objectives.

◆ HIV/AIDS: At its first regular session, the Board requested UNICEF to urgently negotiate a co-sponsored programme on HIV/AIDS with UNDP, UNESCO, UNFPA, WHO and the World Bank (decision 1994/R.1/8). It reaffirmed at the second regular session that country coordination of the programme should be undertaken within the context of General Assembly resolution 47/199 of 22 December 1992 (decision 1994/R.2/13).

◆ JOINT COMMITTEES: At the first regular session, the Board decided to consider its representation on the UNICEF/WHO Joint Committee on Health Policy (JCHP) and on the UNESCO/UNICEF Joint Committee on Education (JCE) (decision 1994/R.1/4). At the second regular session, the Board agreed on the constituency and relevant qualifications of its representation on each Committee (decision 1994/R.2/5).

The Board endorsed recommendations from a JCHP special session held 27-28 January 1994 (decision 1994/R.2/2) and from the fourth JCE meeting held at UNESCO headquarters in Paris, 14-15 April 1994 (decision 1994/R.2/3). It decided to examine the mechanisms for reviewing and implementing future recommendations by the joint committees early in 1995 (decision 1994/R.2/4).

◆ BUDGETARY AND MANAGEMENT DECISIONS: At its first regular session, the Executive Board approved a revised proposal for an administrative and management review of UNICEF (decision 1994/R.1/6). At the second regular session, it approved an additional US$107,000 for the review, bringing the total amount to be allocated from the approved 1994-1995 administrative and programme support budget to US$1,107,000 (decision 1994/R.2/14).

At the third regular session, the Board authorized the Executive Director to finalize negotiations and execute a lease/purchase agreement with the New York City Economic Development Corporation/United Nations Development Corporation for a condominium interest of 262,351 square feet at 633 Third Avenue (decision 1994/R.3/1). The Board also requested the secretariat to continue with its plans to consolidate all UNICEF activities, including GCO, in New York in the two approved locations. The secretariat was requested to delay GCO's move as long as possible in 1995 without incurring significant additional costs. The Board decided to reconsider the issue after completion of the management review, with due regard for the full range of options and considerations (decision 1994/R.3/2). At its annual session, the Executive Board approved the GCO work plan and proposed budget for 1994 (decision 1994/A/9).

At the third regular session, the Executive Board decided to continue until the end of 1995 the policy of charging a 6 per cent recovery fee to all supplementary-funded projects, excluding those funded by National Committees for UNICEF, NGOs and host governments funding their own programmes (decision 1994/R.3/5). Beginning with the 1996-1997 administrative and programme support budget, the policy would be discontinued and replaced by an interim policy whereby all supplementary-funded programmes signed after 31 December 1995 would include a separate budget line for "incremental field office administrative and programme support costs" equivalent to 3 per cent of the total programme budget.

In other budget-related decisions, the Executive Board decided that a new transparent format for presenting the Supply Division budget would be incorporated into the proposed administrative and programme support budget for the biennium 1996-1997 (decision 1994/R.3/4). In a decision on increased budget transparency (1994/R.3/6), the Board requested the Executive Director, in the context of General Assembly decision 47/449 of 22 December 1992, to cooperate with other United Nations programmes and funds to work towards harmonization of their budgets and accounts.

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GLOSSARY

AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infections
BEFHI	baby-friendly hospital initiative
CDD	control of diarrhoeal diseases
CEDC	children in especially difficult circumstances
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States
CERF	Central Emergency Revolving Fund
CSD	child survival and development
DHA	Department of Humanitarian Affairs (United Nations)
EAPRO	East Asia and Pacific Regional Office (UNICEF)
ECO	Economic Cooperation Organization
EPI	expanded programme on immunization
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FAO	Food and Agriculture Organization of the United Nations
GCO	Greeting card and related operations (UNICEF)
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
ICRC	International Committee of the Red Cross
IDB	Inter-American Development Bank
IDD	iodine deficiency disorders
IDRC	International Development Research Centre
ILO	International Labour Organisation
JCHP	Joint Committee on Health Policy (UNICEF/WHO)
MENA	Middle East and North Africa
NGO	non-governmental organization
NPA	national programme of action
OAU	Organization of African Unity
OPEC	Organization of Petroleum Exporting Countries
ORS	oral rehydration salts
ORT	oral rehydration therapy
PAHO	Pan American Health Organization
PEC	primary environmental care
PHC	primary health care
ROSA	Regional Office for South Asia (UNICEF)
SAARC	South Asian Association for Regional Cooperation
STD	sexually transmitted disease
TACTRO	The Americas and Caribbean Regional Office (UNICEF)
USMR	under-five mortality rate
UNCDF	United Nations Capital Development Fund
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNITA	National union for the total independence of Angola (Portuguese acronym)
ONOSOM	United Nations Operation in Somalia
USAID	United States Agency for International Development
WATSAN	water and sanitation
WCARO	West and Central Africa Regional Office (UNICEF)
WFP	World Food Programme
WHO	World Health Organization

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